OCTOBER 17 1998

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

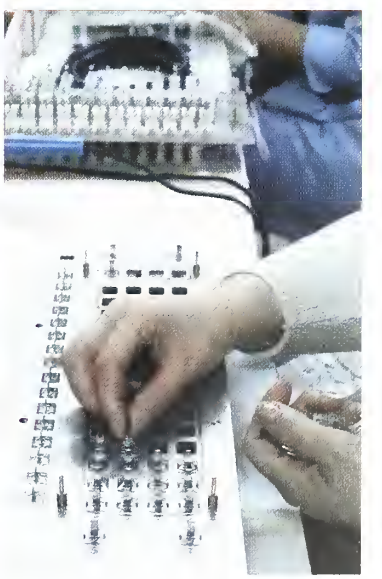
Patients want more than a PIL for advice

Health food industry criticised over service

NACEP explores the changes in new NHS

IPMI conference: the united states of pharmacy

Receivers called in by the Worth Group



Update: taking the strain out of RSI

Online at http://www.dotpharmacy.com/

The fact is, he's thinking hard about that cigarette. But, because his pharmacist recommended NiQuitin CQ, he can overcome the temptation. The NiQuitin CQ patch is taking the edge off his urge to smoke.

He also enrolled in the unique Committed Quitters S Smoking Plan. The CQ Plan is personalised just for hi and it's keeping him motivated and in control, particu in situations like this. That's why he knew social situa

NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 116 mg nicotine per 22 cm^2 patch), NiQuitin CQ Step 2 (containing 78 mg nicotine per 15 cm^2 patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7 cm^2 patch), delivering 21 mg, 14 mg, 7 mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of 10 or more cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using further courses. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches removed before going to bed. However, 24 hour use is recommended for optimum effect morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral disease, recent myocardial infarction), uncontrolled hypotension; severe renal or impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytom or eczematous dermatitis. Concomittant medication may need dose adjustment due to nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazon adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase should be warned not to smoke or use other nicotine-containing patches or gums wh

SB

d be difficult. And that's how he knew the best way
eal with them. So why think of his pharmacist?
use the patch, the plan and the commitment all
ed with his pharmacist's recommendation.

CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, at site of application should resolve on removal of patch; rarely, allergic skin reactions. nally, tachycardia. Other systemic effects may relate either to using patches or smoking n: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint adache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to e pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence** : NiQuitin CQ 21 mg (Step 1) 00079/0347; NiQuitin CQ 14 mg (Step 2) 00079/0346; CQ 7 mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer are, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date aration:** September 1998. NiQuitin CQ, CQ and Committed Quitters are trade marks.

NEW

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£ 5,000	£ 10,195	104%
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IMPORTANT NOTE: These figures are based on investments from 1 July 1992 to 30 June 1998 on an offer to bid basis with net income reinvested. Past performance does not guarantee similar performance in the future and the value of investments can go down as well as up.

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Surname

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Occupation

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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

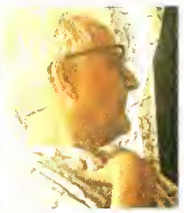
VOLUME 250 No 6159 139th YEAR OF PUBLICATION ISSN 0009-3033

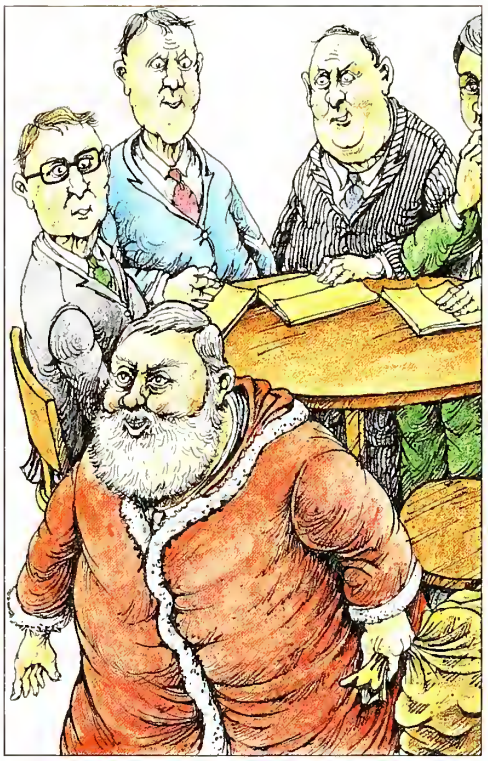
REGULARS

COMMENT

With warnings of a downturn in the domestic economy everywhere, retailers are worrying what the key Christmas trading period will deliver. The indicators, from figures released this week by the British Retail Consortium (which measures the actual value of retail sales) and the Confederation of British Industry (which compares sales volumes) are difficult to read. After a mediocre first half, the evidence suggests that demand is weakening on the High Street. Last week's cut in interest rates will do little to boost demand. Contrarily, chemists are way ahead of the pack in their reported annual growth in sales volumes (CBI). Generally, the prices of retailed goods rose by 1.4 per cent in the year to September, compared with an underlying rate of inflation of 2.5 per cent. The BRC says that over the past two years nearly all the growth in spending can be attributed to consumers buying better quality, rather than paying more for the same. This explains why volume growth in retail sales was only 0.2 per cent last month.

The BRC also told the Government this week that retailers are fed up with the increasing cost burdens of legislation. Working time regulations came into effect this month; the national minimum wage will come into operation from April. Then there are packaging waste regulations, working families tax credit and more - all this on top of tax, national insurance and VAT, which businesses administer in part for government. These are 'fixed costs' which cannot be reduced in the same way as other overheads. If recession is looming, it is time to review business practices. Protect your cash flow, regularly monitor your working capital, chase up overdue invoices, keep stock levels and their value to a minimum and don't forget your customers.





With this issue

Chemist & Druggist Generics Supplement, listing suppliers and PIP Codes for Generics and Appliances

Editor Patrick Grice, *MRPharmS*
Assistant Editor Maria Murray, *MRPharmS*
Technical Editor Fawz Farhan, *MRPharmS*
Business Editor Guy L'Amable, BA
News Editor Charles Gladwin *MRPharmS*
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Associate Publisher John Skelton
Group Sales Director Ian Gerrard
Publishing Director Roger Murphy

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Chemist & Druggist incorporating Retail Chemist & Pharmacy Update

Published Saturdays by Miller Freeman UK Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW
Telephone 01732 364422
Telex 95132 MILFRE G
Fax 01732 361534
E-Mail: chemdrug@dotpharmacy.com
Internet site http://www.dotpharmacy.com/

Subscriptions Home £127 per annum
Overseas & Eire. £182 per annum including postage
£2.40 per copy (postage extra)

Circulation and subscription Marlowe House, 109 Station Road, Sidcup, Kent DA15 7ET
Tel 0181 309 7000

Refunds on cancelled subscriptions will only be provided at the publisher's discretion, unless specifically guaranteed within the terms of subscription offer

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A United News & Media publication

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Launch of return to practice scheme in Northern Ireland

A new 'Return to practice' scheme in Northern Ireland has been set up to help combat the shortage of pharmacists.

The aim is to update pharmacists returning after a career break. Co-ordinated by the NI Centre for Postgraduate Pharmaceutical Education and Training, the scheme is being funded by the NI Department of Health and Social Services to a maximum of £33,800.

Pharmacists will be expected to participate one day a week over a three month period. They will have to complete three NICPPET distance learning courses as well as participate in live training and mentoring. The cost of childcare and travel will be covered.

The programme has been provisionally set to take place from January to March. Dr Andrea Linton (tel: 01232 272033 or the NICPPET office on 01232 272005) is looking for 20 pharmacists and 10 mentors to take part. The mentors will receive an honorarium.

Like the rest of the UK, NI is experiencing a shortage of pharmacists.

PSNI welcomes the class of '98

Pharmacy graduate Khen Meng Kon dominated the list of prize winners at the Pharmaceutical Society of Northern Ireland's annual prizegiving and presentation of certificates last week.

Over 200 guests attended the event at the Wellington Park Hotel, Belfast, including newly registered pharmacists, their parents and friends.

The principal guest for the evening was Clive Gowdy, permanent secretary at the Department of Health & Social Services. Professor James McElnay, director of the School of Pharmacy, Queen's University, reported on the work of the School in the past year.

Khen Meng Kon collected all the Society's prizes, including that for outstanding merit in the final year and overall distinction in level 3 studies.

The UCA prize for distinction in level 3 studies (gp 3 subjects) went to Heather McLean, and Sabrina Watt won a £175 book token from Hoechst Marion Roussell for distinction in her final year project.

Other prizewinners were Sandra Edgar, Clare Hillen, Shauna O'Brien, Melanie Crozier, Ryan Donnelly, Bronwen Kearney, Orla Morgan, Roger Clarke, Trudy Ferguson, Rebecca Howie, Sharon McIntyre, Carmel Nelson and Marianne McKenna.

Patients want the personal touch on medicines advice

Two-thirds of patients do not like medicine information leaflets because the print is too small or they contain too much jargon. A further 15 per cent believe the information on side effects is alarming.

While accepting the need for patient information leaflets, over four-fifths of patients, however, want to talk to someone if they are worried about their medication, rather than read about it in a book or leaflet. In those aged over 55, the percentage wanting this rises to 95 per cent. Nearly all people want to talk to a healthcare professional, three-fifths would like to visit a health professional in person, while another 38 per cent would like to use a telephone service.

Access 24, the telephone health helpline service provider which uses health professionals to give advice direct to patients, says the survey shows patients are "hungry for information on the medication that is prescribed for them".

Readership of PILs is fairly high with nearly two-thirds of patients reading the leaflets from beginning to end (with women outnumbering men). But patients would also appreciate being able to discuss the relative risks of the side effects, "due to a lack of context in which side effects are outlined - people do not know how likely they are to suffer from them".

Access 24's report also found that pharmacists rank only behind GPs as the group most trusted for medical advice. People over 35 are more likely to seek out a pharmacist as their first choice of healthcare professional.

Compliance could be an issue if people are not able to get that additional reassurance with over half of respondents saying they would stop their medication if they could not get satisfactory answers to their questions.

Access 24 director Martin Leuw said: "The research confirms the view taken by some pharmaceutical companies, that offering 24-hour or extended patient information lines staffed by healthcare professionals, like pharmacists or nurses, is an effective way of handling patient concerns." He cites that three-quarters of patients would prefer to buy an OTC medicine that had a product helpline.

Other findings of the survey include:

- almost half (47 per cent) of those who had taken medicine in the past year had not taken it as they should.
- 85 per cent of respondents support the idea of a telephone helpline being given with their medication
- 90 per cent of patients think it is essential or very important to know how much medicine to take
- 79 per cent of GPs are confident that if patients were better informed it would result in much better compliance.

The survey, 'Efficiencies and deficiencies - a better use of healthcare spending', was commissioned from Taylor Nelson Sofres and Scantel, and involved 1,000 respondents.

Newly registered pharmacists Anne Fox (left) and Anita Rooney

DoH warning on 'affordable' pay rises

The Department of Health has written to the doctors', dentists' and nurses' pay review bodies advising them to come up with recommendations "that allow the NHS to live within its means".

The Government wants to see a fair pay rise for all nurses which is affordable to the NHS and, in particular, improves the starting rate. Fair pay helps to support the NHS modernisation programme by helping to recruit, retain and motivate staff who deliver patient care, the DoH says. But the level of awards has to support, rather than detract from, investment in mental health, cancer and heart disease services, hospital building and equipment, and information technology. The inflation target will be met without unnecessary loss of jobs only if pay is set at responsible levels.

The British Medical Association is angry that the evidence submitted to the Doctors and Dentists Pay Review Body was geared towards the nurses' pay rise.

The DoH claims that medicine and dentistry are "extremely attractive, well-paid and very secure careers" which, unlike many other professions, are not vulnerable to slower growth in the wider economy. Recruitment and retention are "consistently healthy". The average hospital consultant earns £60,000 plus, the average full-time family doctor £55,000, and the average dentist (working at least two days a week for the NHS) £50,000. Doctors' and dentists' pay increases, at 50 per cent over the past eight years, have run ahead of increases of 37 per cent in the private sector and 38 per cent in the public sector.

Combined health team award

A £5,000 prize is on offer to a health team that combines conventional and complementary medicine.

The Guild of Healthcare Writers is launching an Award for Good Practice in Integrated Healthcare for the best conventional and complementary practitioners working together. At least one participant must be trained and practising in a conventional medical, nursing or paramedical discipline.

There are four major sponsors - Kellogg's, A Nelson, health insurer Cigna Healthcare and *Candis* magazine - but the award is being independently organised in association with the Foundation for Integrated Medicine.

Entry forms are available from the administrator at 12 Conway Walk, Hampton, Middlesex TW12 3YE.

Pharmacists needed for talking prescription service

More pharmacists are needed to take part in a scheme which aids medicines compliance among blind and partially sighted people.

The Staffordshire-based scheme provides pharmacists and GPs with a cassette recorder and blank tapes on which they can record dosage instructions.

The Stafford and Stone branch of the Talking Newspaper Service has been awarded a lottery grant of £4,000, as well as funding from the local health authority, to buy 200 cassette recorders and 2,000 blank tapes for the service. The newspaper is now looking for more pharmacists to use it.

The newspaper provides the cassette recorder and ten tapes on permanent loan, along with stickers to promote the service, as well as guidance on recording the message and information leaflets for patients. Tapes can also be used to record messages for carers about medication, information on dressings management, or for other patients who have difficulty remembering dosage instructions.

Anyone interested in providing this service should contact Philip Thurlow-Craig, secretary, Stafford and Stone Talking Newspaper Service on 01785 257700.

For the last time...

John Ferguson, secretary and registrar of the Royal Pharmaceutical Society is to retire on October 30.

After Mr Ferguson's last council meeting, tribute was paid to him at the council dinner by Joseph Wright, former director of the National Pharmaceutical Association.

Mr Wright recalled his first meeting with Mr Ferguson at a conference of local pharmaceutical committee representatives in 1962. On the basis of a letter he wrote about the meeting, Mr Ferguson was given the job of assistant secretary for the National Pharmaceutical Union. Mr Wright thought it appropriate that he was attending the dinner as he had been present at Mr Ferguson's entry into pharmacy administration at the national level.

Mr Wright and his wife wished Mr and Mrs Ferguson a long and happy retirement.

The new secretary and registrar, Ann Lewis, will be taking the reins from November 1.

Dr Pam Denicolo, a member of the board of examiners for the Society's registration examination, was presented with a certificate of honorary membership by Hemant Patel at the dinner.

Pharmacists embark on nutrition course

Six pharmacists are among the 30 professionals taking part in a new course on nutritional medicine at the University of Surrey.

The course is claimed to be the first in the UK to teach nutritional methods in the treatment and prevention of conditions such as cancer, diabetes and heart disease. Jayne Nicholls, a Boots manager in Dudley, says she enrolled because: "The public are asking me more questions relating to diet and health."

Designed for health professionals, the course takes from two to six years. There are 12 modules, each requiring three-day attendance at the university. Nine modules must be completed for the MSc and modules may also be taken as individual short courses. Further information is available from Dr Margaret Rayman, course director, on 01483 259730.

The first intake also includes ten GPs, and Dr Rayman hopes to bring nutritional medicine into the mainstream of medical practice.

Diwali greetings from president

Royal Pharmaceutical Society president Hemant Patel has issued greetings for Diwali and the Hindu New Year.

In a message issued on Tuesday, Mr Patel says: "I wish everyone a happy Diwali and a Happy New Year. I hope as many of us as possible will have the opportunity to enjoy the celebrations and find time to be with our families.

"In the new year, I am sure that pharmacists will want to reaffirm a commitment to our profession and the contribution we make to the health of the people of this country."

Diwali, on October 19, is the end of the Hindu year and is celebrated with light and colour. The celebrations follow a period of nine nights reflection. Lamps are lit to symbolise the emergence from darkness, hopefully as a better person, and fireworks are used to give thanks.

Health food shops' advice 'dangerous'

Health food shops readily sold products to a customer with symptoms that should have been referred to a GP, a survey has shown.

A covert researcher visited 29 health food shops in London complaining of severe, daily headaches of recent origin. She was offered 42 different treatments, few of which were supported by good scientific evidence, say Andrew Vickers and his team at the Research Council for Complementary Medicine, London.

All but two shops recommended a specific product, therapy, book or lifestyle change, but only seven suggested seeing a GP. One took the ideal course of action, which was to ask more about the symptoms and recommend an immediate GP appointment.

When the shop managers were asked later whether they had a policy on giving health advice to customers, 17 of the 18 who agreed to reply said they had a written or unwritten policy. But in many cases the policies were inconsistent with the advice given to the researcher who visited the shop. Fifteen managers said they provided staff training on the products they sold, but this mostly took the form of seminars given by supplement companies. None employed a pharmacist.

Writing in the current *Journal of the Royal College of Physicians*, the researchers conclude that health food shops need to review the circumstances in which they provide advice and the basis on which they make any therapeutic recommendations.

An editorial in the same issue says that the results suggest the advice given is often inadequate and may be dangerous. "It would be good to see the findings of this study propel the complementary health industry into some appropriate action. Shop assistants should always be competent ... but this is much more important when we buy health-related products."

IN BRIEF

Homoeopathic P exemptions

From October 19, certain registered homoeopathic medicines will be exempt from restrictions on the sale or supply of Pharmacy medicines. Retailers must comply with the usual conditions for GSL sale. Practitioners will also be able to sell or supply homoeopathic products to an individual during a consultation. The exemptions do not apply to products which are Prescription Only or controlled under the Misuse of Drugs Act 1971 or in schedule 3 of the Medicines (General Sale List) Order 1984. The new regulations – The Medicines (Pharmacy and General Sale – Exemptian) Amendment (No2) Order 1998 (SI No 2368; Statianery Office 1.10) – make permanent the arrangements which were previausly temporary.

King's touchscreen research

The contact number for the King's College research project looking at the use of a pharmacy touchscreen system given last week was incarrect (*C&D* October 10, p4). Pharmacists interested in participating in the scheme shauld cantact Emmanuel Opaleke an 0171 333 4828.

BLF symposium

The British Lung Foundation is organising a symposium for people with lung disease on October 17 in Exeter. It is apen ta health prafessianals and peaple with lung disease and is free ta attend. This is the first in a series of six symposia, one to be held every six months, at venues around the country. Anyone wishing to attend should cantact Esther Threlfall at the British Lung Foundation, 78 Hatton Garden, London EC1N 8JR.

Drop-in dental centres

Thirteen drop-in dental centre pilot sites are opening this month, health minister Alan Milburn has announced. Many af the pilats, which are sharing £600,000 to fund preparatory costs, are in areas where patients have had difficulties gaining access to NHS dentists. The pilots will offer a drop-in service so that patients do not need ta be registered. They cambine the Community Dental Service and health authority salaried dentists to affer greater access ta dental services in areas with a shortage of NHS dentists.

Safe medicines storage

Television, radia and newspapers as well as local media have featured the Royal Pharmaceutical Society's latest campaign ta remind grandparents to keep medicines away from children (*C&D* October 10, p6).

HImPs guidance issued by DoH

Guidance on health improvement programmes, due to start next April, has been issued this week.

The intention is to encourage closer links between health authorities and local councils, with a particular focus on modernising services which deal with coronary care, cancer and mental health.

HImPs will be led by the health authority and will include contributions from hospital doctors, primary care groups, patient organisations and local authorities. The guidance says that each HImP should implement the priorities set out in last week's National Priorities Guidance 'Modernising Health and Social Services'.

More teacher practitioners for Lloyds

Lloyds Pharmacy has increased the number of its teacher practitioners to eight with the appointment of two more of its pharmacists.

Janice Currie, a pharmacist manager, will be located at Strathclyde University. Kathryn Hodgson, an area manager, will work from Cardiff University.

The two will each work three days a week at university, while spending the remainder of the week in practice as a pharmacist.

Racy shampoo adverts get OK from ASA

Complaints against an advert showing naked men and women shampooing each other, which appeared in *Chemist & Druggist*, have not been upheld.

A total of 131 complaints were made against the Nicky Clarke Sports Shampoo adverts, which also appeared in national newspapers. The advert in *C&D* (April 18, p10) showed the six adverts being used in a national campaign. These included a naked woman in a bath nuzzling a naked man in the same bath with three other men. In all the photos, the groin areas and the women's breasts were obscured from view. However, complainants objected that the images were gratuitous, explicit and offensive.

In its ruling this week, the Advertising Standards Agency accepted that the nudity was "delicately portrayed" and that the advertisements would be seen to show adults having harmless fun, "in keeping with the sporting theme", it added.

Society progresses on CPD framework

The Royal Pharmaceutical Society Council has approved further work on a new continuing professional development framework in which pharmacists would plan, record and evaluate their own CPD needs.

Robert Dewdney, head of the Society's education division, said the framework was based on individuals engaging in a cycle of activities – assessing their needs, planning how to achieve those needs, implementing the plan and recording what had been achieved, and evaluating the practical use of what they had learned.

The key was motivation, he said. Pharmacists would be invited to pledge to practise CPD; in return they would receive a certificate and be able to use a logo on promotional material. The Society would provide a plan and record, developed from the current logbook that pharmacists receive annually.

Dr Dewdney said the pilot would probably take part in four areas – Scotland, the north of England, west Wales and London. There would be 500 participants, who would practise CPD for six to eight months; those unable to fulfil the pledge would be asked how the barriers might be removed. The steering group is expected to complete its evaluation at the end of next year and would advise Council in 2000.

Bill Dawson co-opted Council has elected Dr Bill Dawson to fill the vacancy caused by Christine Glover's resignation in June. Dr Dawson is managing director of Bionet, a healthcare consultancy specialising in academic and industry projects, and a former director of research at Lilly Research Centre. His term of office will run until May 2001.

At a special meeting at the end of November another member will be elected to fill the vacancy created when Ann Lewis resigned to take up her new post as secretary and registrar.

As Council meets only every other month, it is seeking an amendment to the bylaws to speed up the process of filling these casual vacancies. The proposed new procedure will involve a postal ballot of Council members.

Professional indemnity Council approved an amendment to the Code of Ethics' appendix to clarify the need for professional activities to be covered by indemnity insurance. Standard 6.1 will read: "A pharmacist must ensure that all his professional activities are covered by professional indemnity insurance or equivalent arrangements." The Law and Ethics Committee thought the current wording was inappropriate for some areas of practice, such as advisory services to GPs.

Council fees Council agreed to seek amendments to the bylaws to increase the maximum fee payable for their attendance at Council or committee meetings, from £50 to £200. An additional paragraph would provide for the reimbursement of travel, accommodation and subsistence costs incurred on Society business, up to a limit determined by the Council. Council was "firm in its view" that there should be a move to reimbursement of actual expenses involved up to an agreed maximum and that the attendance fee should be increased to a level in line with applicable attendance fees of other bodies.

> **"All groups share the problem of ensuring that retail standards are consistently high"**

New Age road show The first road show in PIANA's 'Over to you' phase is planned for the first week of December in the Sherwood region, possibly at the Trent Bridge cricket ground. A programme for the following year will be based on an evaluation of the first show.

Disciplinary machinery Health minister, Alan Milburn, has invited the Society to talks with the Department of Health about proposals for simplifying the way legislation relating to professional self-regulation is kept up to date.

'Chemist' pub Council decided that the Society should prosecute the licensee of a 'theme pub' for using a name that included the words 'dispensing chemist', unless the sign was removed by the end of the month.

Birdsgrove unit opens soon The rehabilitation unit at Birdsgrove House opens on November 2, with a full complement of staff. There is a waiting list of pharmacists, doctors, vets and nurses wishing to use the facility.

Nurse prescribing formulary The Nurse Prescribers Formulary has been agreed with the Department of Health. About 10,000 copies of the revised version of a 32-page pilot formulary will be distributed in November and a combined British National Formulary and Nurse Practitioners Formulary will be published in March, 1999.

Registration loophole Council decided to seek an amendment to the bylaws to clarify the position in relation to registration. At present, a pharmacy graduate can fail the Pharmaceutical Society of Northern Ireland's registration exam three times, then undertake a pre-registration year in Britain and sit the Society's exam up to three times. The reverse is also possible. Council agreed that once a graduate had opted for one or other system, they should not be allowed to switch.

What is a pharmacy? Council debated what constituted a pharmacy, after the previous meeting decided to express concern to the Department of Health chief pharmacist about Asda's 'micropharmacy' in Leeds. The registered 'premises' has three lockable shelving units and an adjacent till point with touch-screen information. Asda intends to open the unit when local pharmacies are closed. The Society has asked to meet with the chief pharmacist to discuss the matter.

Analgesics queries The Society's law department received 700 calls in September about the new analgesics legislation – 120 of them on the day the changes were made.

Second national audit A second national confidential audit will take place in the couple of weeks, based on the information needs of patients.

Distance learning audit Council approved distance learning packs that would provide pharmacists with everything they need to conduct a successful audit without outside help. They will be marketed to community pharmacists and health authorities.

Research assessment The Society is to support a proposal that pharmacy practice research should be assessed in a specialist sub-panel of the pharmacy panel, in the next research assessment in university departments.

INDUSTRY VIEWPOINT

Symbol group – can you refuse the offer?

Pharmacists across the UK are contributing to the debate on how their profession will evolve – or contract – as it moves into the next century. Much discussion centres on the need for new income streams to support the professional role of the pharmacist as a primary healthcare provider.

Yet, arguably, the greatest opportunity to improve the income stream is through the exploitation of the skills of the pharmacist as a retailer. It was, therefore, encouraging to see *Chemist & Druggist* address this opportunity in a major feature on pharmacy symbol groups (*C&D* September 19, p30).

It is impressive to see how much progress the management of Numark, Nucare, Camrx and Avicenna have made in harnessing the buying and retailing power of their members in just a few years, as indeed have AAH and UniChem with similar schemes. Most of these organisations have ambitious expansion plans.

"The attraction of joining a group like Numark or Nucare must become increasingly compelling"

Provocatively, the article also explored the potential of mergers between the symbol groups to form powerful retailing organisations in the future.

There are important parallels in the grocery trade, where most independents have taken advantage of the benefits of membership of groups such as Spar, Mace, Londis and Nisa/Today. Yet even here the pace of change is accelerating as Sainsbury, Tesco and the petrol companies invest heavily in the convenience sector and pose potentially the greatest threat to the long-term survival of the independent grocery retailer.

For independent pharmacists, the threat is no less significant, as Boots, Superdrug, Lloyds and Moss continue to expand their organisations. The attraction of joining a group like Numark or Nucare must become increasingly compelling.

Written by a senior industry manager

Xrayser

Topical Reflections

Is it medicine or a food supplement?

I have recently been bombarded with literature from Novogen promoting its Red Clover 'food supplement'. I am not complaining about receiving this mass of information, because one of my perennial gripes is that I seem to be the last person to hear about new products.

No, my criticism once more returns to that hot potato of when is a product a food supplement, or when is it really a medicine? The red clover saga started four weeks ago with a research article entitled 'Isoflavone flavours' (**Update,** September 19).

This article by Dr Aedin Cassidy, lecturer at the Centre for Nutrition & Food Safety at the University of Surrey, charted our present knowledge of the oestrogenic activity of flavones, their incidence in our diet and suggested that their possible health benefits were deserving of further nutritional research.

I found this article very interesting, but being a long-standing cynic, I anticipated the imminent launch of a food supplement designed to replace our western, flavone-lacking, diet with a level of flavones that is naturally consumed by more distant cultures.

Within a week, Novogen Red Clover food supplement, natural isoflavones for women 45+, was launched. The launch was accompanied by extensive trade advertising, customer leaflets that claimed positive benefit to women in 'mid-life' and similar full page adverts in the glossies, but so far no full frontal exposure in the health pages of the *Daily Mail*.

From reading its promotional literature, it is apparent that Novogen has invested heavily in the development and marketing of 'Red Clover'. It is a well presented, sophisticated product, but is it a food supplement or a medicine in disguise?

The evidence is carefully presented to justify the label of 'food supplement' but it is stated that it contains phytoestrogens and 'Helps maintain health and wellbeing during mid-life and beyond'. I have no doubt that it will be taken by women seeking alternatives to conventional treatment for the menopause.

But Novogen is stuck in a dilemma not of its own making. Food regulations prohibit medicinal claims, while a medicine licence application would probably initially result in a POM classification.

Genuine health supplements like red clover need their own regulatory control mechanisms in order to allow justified claims and to provide the public with accurate supporting information. At the same time, medicinal claims by innuendo and the extravagance of third party testimonial must be prevented.

Sharing the profits of dispensing

Twenty three years ago there was a pharmacy in Sutton Bridge, Lincolnshire. It closed, probably because it was unable to compete with the local dispensing doctors, but now the good citizens of this expanding village can once more enjoy the benefits of a full pharmaceutical service courtesy of the local six doctor medical practice (*C&D* October 10, p4).

The problems of doctor dispensing may have been absent from the news pages of the pharmacy press recently, but that does not mean they have been solved. In Sutton Bridge the doctors either truly recognised that a full pharmaceutical service would benefit the local population, or they were pre-empting the inevitable by setting up their own business company.

I am not entirely happy with a doctors' practice owning a pharmacy and employing a superintendent pharmacist, but it must be better for the villagers since they will now benefit from the services of both professions. And, as a pointer for the future, it is a road that could be pursued in order to achieve a final national settlement to the problem of dispensing in rural areas.

The sticking point for both professions has always been money. Pharmacists must recognise that without legislation doctors will never give up their right to this nice little earner and, in their position, would you?

The answer, therefore, has to involve sharing the spoils of both OTC sales and dispensing. If viable, village pharmacies can be established, then the rural economy will be improved, the public will receive a better service and the combined profits should be sufficient to satisfy all parties.

Counterpoints

SB spends £7.2m on new NRT patches

SmithKline Beecham is breaking into the smoking cessation market in the UK with Niquitin CQ nicotine replacement patches.

The company is planning a £7.2 million media spend on the product in its first year on the market. It claims Niquitin is the only brand to offer a behavioural support plan.

The brand will be advertised on national television, beginning in December and continuing throughout 1999. The launch will also be supported with a national press campaign.

Each pack will contain details of a freephone line which smokers can ring. They will be asked a series of questions to build up a profile of their smoking habits. A personal CQ Stop Smoking Plan is then sent to them (CQ stands for 'committed quitters').

Additional support material will be sent to 'quitters' on days seven and 21 of the programme and on days 42 and 70 if requested, with a relapse letter if required. Support material consists of a step-by-step calendar, tips on avoiding tempting situations, and personal support.

SB says clinical trials have shown that the CQ Stop Smoking Plan, used alongside Niquitin CQ step one patch, can increase the success of quit attempts by 26 per cent.

The patches contain a rate controlling membrane and nicotine in the adhesive. SB claims this leads to delivery of a greater concentration of nicotine more quickly than other brands.

Niquitin CQ is designed as a ten week reducing programme consisting of 21mg, 14mg and 7mg patches. The patches come in packs of seven and cost £19.95 per pack.

SmithKline Beecham Consumer Healthcare UK.
Tel: 0181 560 5151.

Big plans for Anadin Ibuprofen

Whitehall Laboratories is expanding its ibuprofen range with the launch of Anadin Ibuprofen 96 tablet blister pack.

The new pack (rsp £6.79) is designed to encourage brand loyal, large pack users to stay within the Anadin franchise in pharmacy. Anadin Ibuprofen is a coated tablet in an easy-to-swallow shape.

● The ibuprofen market in pharmacy is growing at 13 per cent year on year and this upward trend is set to continue, as the sector is unaffected by the recent changes in pack size regulations.

Whitehall Laboratories Ltd.
Tel: 01628 669011.

Vicks brings loving touch to TV

Procter & Gamble will be supporting Vicks Vaporub and Vicks Sinex with a £3 million national TV campaign.

The Vicks Vaporub campaign will include two commercials. On TV in November and January, the first advertisement shows a mother soothing away her child's congestion. The second, which will be on air in December and January, features a grandmother teaching her granddaughter to inhale the Vaporub.

Procter & Gamble (Health, Beauty & Cosmetics) Ltd.
Tel: 01932 896000.

Party time for Rennie

Rennie antacid will be back on TV next month in a new commercial which features parents hosting their young child's birthday party.

During the party, the children force unwelcome food into Dad's mouth which contributes to an attack of painful indigestion, relieved by taking Rennie. The campaign will run from November 16 until Christmas.

Roche Consumer Health.
Tel: 01707 366000.

Phyto Soya offers a natural answer

French herbal remedy manufacturer Arkopharma is launching a new soya supplement to offer menopausal women a natural alternative to HRT.

Phyto Soya capsules contain 235mg of genetically modified free soya in a coated cellulose capsule. Arkopharma says soya can decrease menopause symptoms such as hot flushes.

Sixty capsules cost £9.65.

Arkopharma UK.
Tel: 0181 763 1414.

Ralgex tackles sportsmen with Sky TV

SetonScholl Healthcare is backing its Ralgex range of topical muscular relief treatments on all Sky Sports channels to coincide with high profile sporting events throughout autumn/winter.

The updated commercial, which includes new Ralgex Ibuprofen Gel, opens with a sportsman warming up in a changing room and cuts to sporting tackles of immense energy.

The £250,000 campaign, running until mid-December, targets active sportsmen who are regular pre-match and post-match users of topical muscular pain relief treatments.

SetonScholl Healthcare.
Tel: 0161 654 3000.

Derek the dog boosts sales of Deep Relief

The Mentholatum Company is backing its Deep Relief Ibuprofen Gel and Deep Heat with a £2 million advertising campaign this autumn/winter.

Targeting adults over 55, the Deep Relief Ibuprofen Gel advertisement is on TV until the beginning of December. The tongue-in-cheek commercial features Derek the dog, who laments the dual action benefits of Deep Relief which have such an effect on his owners that his walks are now much longer.

Deep Heat is being supported with a press campaign in national newspapers, *Reader's Digest* and *Saga* magazine, until the middle of December. Following last year's successful radio test, the brand will be advertised on national radio this winter.

The Mentholatum Company Ltd.
Tel: 01355 848484.

"Our pharmacist recommends Piriton Ollie, because it's tried and trusted."

"Unlike your bricklaying, Stanley."

But look Ollie, I was relying on you for support.

Certainly not Stanley. But pharmacists can rely on Piriton for real support – in fact a £2 million support package. And since more people buy Piriton than any other allergy treatment...

...it makes for strong business foundations.

Precisely Stanley. Why with Piriton Allergy Tablets for adults and Piriton Syrup for adults and children as young as 1 year, Piriton is as important to a pharmacy as cement is to a building.

How about us trying some cement, Ollie?

CHLORPHENIRAMINE MALEATE

PIRITON™

A classic for all the family

Piriton is a Trademark of Stafford-Miller Ltd. Broadwater Road Welwyn Garden City, Herts. AL7 3SP.

LAUREL & HARDY ® licensed by Larry Harmon Pictures Corporation Hollywood, California 90028 U.S.A. All rights reserved. LAUREL & HARDY Films © CCA All Rights Reserved.

Product Information: Piriton Tablets and Piriton Allergy Tablets containing 4mg chlorpheniramine maleate. Piriton Syrup containing 4mg chlorpheniramine maleate in 10ml. **Uses:** Relief of allergic conditions including hayfever. **Dosage and administration:** Tablets: Adults: 1 tablet. Children aged 6-12: ½ tablet. Every 4-6 hours. Syrup: Adults 10ml. Children aged 6-12: 5ml. Aged 2-5: 2.5ml. Every 4-6 hours. Aged 1-2: 2.5ml, twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. *Co-existing conditions.* Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease, epilepsy, glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. *Pregnancy and lactation:* Consult doctor before use. **Side effects:** Sedation. Less commonly, gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular inco-ordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions and tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excitable. **Retail selling price:** Piriton Allergy Tablets 30: £2.30. Piriton Syrup 150ml: £2.95. **NHS cost:** Piriton Tablets 500: £4.64. Piriton Syrup 150 ml: £1.68. **Legal category:** P. **Product licence numbers:** 0036/0090 (Piriton Tablets) 0036/0088 (Piriton Syrup) 0036/0094 (Piriton Allergy Tablets). **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, AL7 3SP. **Date of preparation:** April 1998.

A natural way to treat the face

Keyline Brands is introducing a new Inecto range of face packs aimed at young, experimental users.

The range comprises three botanical face packs: Peach Nut 2 in 1 Scrub mask for all skin types, Strawberry Deep Cleansing Mud Mask for oily or combination skin and Coconut Nourishing Cream Mask for normal or dry skin.

Presented in shaped laminate sachets, the products retail at £0.89. Merchandisers and shelf edgers are available.

Keyline Brands Ltd.
Tel: 0181 893 5333.

Grey nails for winter

Spectacular Cosmetics is introducing three new matt nail polishes to complement this winter's fashions.

The new shades are Starling (stone grey), Birthday Suit (creamy beige) and Tiger Lily, (pale pinky lilac).

Retail price is £1.95 per bottle.

Spectacular Cosmetics Ltd.
Tel: 0181 903 2030.

Miners mix 'n' match fingertips

Miners Cosmetics has created a duo set of nail polishes which can be worn individually or combined to create a third colour.

Called '2 Become 1', the set is available in four combinations - black and ivory (makes bright gold), black and pink (makes midnight blue), black and turquoise (makes sea green) and black and magenta (makes purple).

Retail price is £3.99 per pack.

Miners International Ltd.
Tel: 01264 350379.

Cussons gets skin friendly in the shower

Cussons is relaunching its standard Imperial Leather shower gel with four new formulations to provide improved skin conditioning benefits.

Moisture Deluxe Shower & Cream (pink cap) has added moisturisers and is targeted specifically at women. Original Balance (yellow cap) cleanses and cares for all skin types. Fresh Boost (green cap) offers stimulating freshness and is aimed at the whole family. Active Performance (blue cap) is an all-in-one hair and body wash for men which is available in 250ml size only.

Available from late October, the gels are formulated to noticeably improve the softness and smoothness of the skin.

The products will have a striking new design with bold, colour coded non-drip caps and a fold-out hook integrated into the pack. Retail prices are £1.89 (250ml) and £2.39 (400ml).

● Shower gels are the most dynamic sector in the personal wash market with a current value of £110m, up 25 per cent year on year (IRI Aug '98).

Cussons predicts that by the year 2000, shower gels will have overtaken bar soaps as the largest sector in the personal wash market.

Cussons (UK) Ltd.
Tel: 0161 491 8000.

A wash & cut with Zorro and P&G

Anti-dandruff shampoo Head & Shoulders is linking up with 'The Mask of Zorro', the Columbia TriStar film receiving a royal premier in December.

Procter & Gamble will feature the film in a new £1 million advertising campaign starting on December 1. The adverts, resembling the form of a film trailer, will be on television and in cinemas, promoting the message: 'Zorro and Head & Shoulders - leave your mark and nothing else'.

December will also see the launch of New Best Ever Head & Shoulders. This is the first step in an 18 month campaign to modernise the brand and give it a more contemporary feel, says P&G.

This is the second time Head & Shoulders has been linked with a film - last year it was tied in with 'Men in Black'.

Procter & Gamble (Health Beauty & Cosmetics) Ltd.
Tel: 01932 896000.

Almay cover up is exposed

A new concealer for hiding blemishes and dark circles under the eyes is being introduced in the Almay range.

Almay Amazing Lasting Conccaler is formulated to last for up to 16 hours without smudging or fading. It contains vitamin A and E derivatives to provide antioxidant and moisturising benefits.

The oil-free product (SPF 6) is available in three shades - Fair, Light and Medium. Retail price is £5.95.

Revlon International Corp.
Tel: 0171 629 7400.

L'Oréal pumps up the volume

L'Oréal will be launching an improved formulation for its Voluminous 3 x Thickening Mascara in November.

The new mascara is formulated to build lashes to three times their natural fullness. The formula includes ceramide R which simulates ceramide (a substance found naturally in lashes which makes them strong) and panthenol to condition and protect.

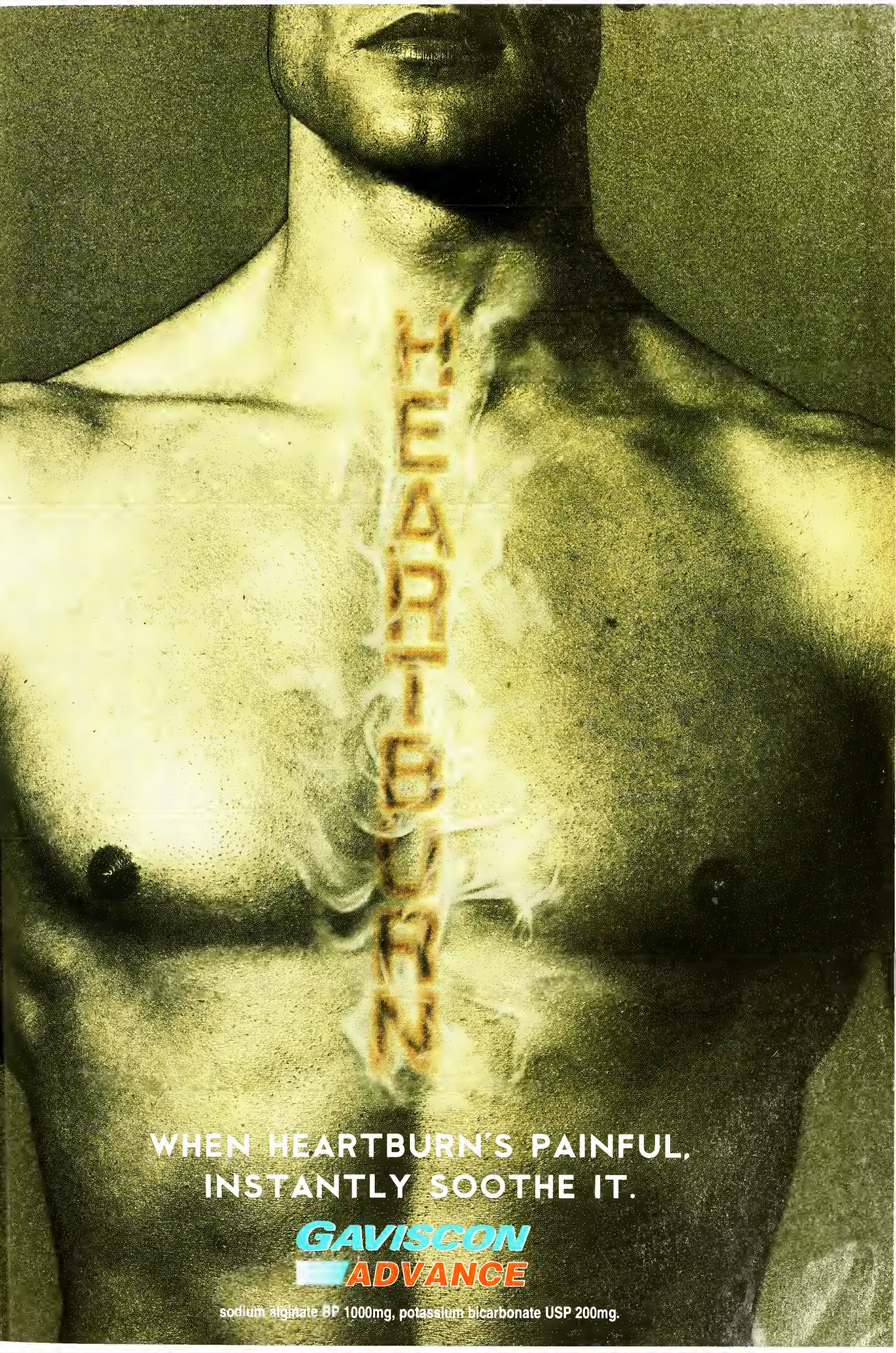
The product is suitable for sensitive eyes and contact lens wearers.

L'Oréal.
Tel: 0171 937 5454.

Gaviscon Advance Essential Information

Gaviscon Advance Active Ingredients: Sodium alginate BP 1000mg and potassium bicarbonate USP 200mg per 10ml dose. Also contains ethyl and sodium butyl hydroxybenzoates and sodium saccharin. **Indications:** Gastric reflux, reflux oesophagitis, heartburn, hiatus hernia, flatulence associated with gastric reflux, heartburn of pregnancy. All cases of epigastric and retrosternal distress where the underlying cause is gastric reflux. **Dosage instructions:** Adults and children over 12: 5-10ml after meals and at bedtime. Children under 12: Only on medical advice. **Contra-indications:** Hypersensitivity to any of the ingredients. **Precautions and warnings:** 10ml liquid contains 4.6mmol (106mg) sodium and 2.0mmol (78mg) potassium. If symptoms do not improve after seven days, the doctor should be consulted. **Side-effects:** Very rare hypersensitivity reactions. **Retail price:** 140ml £3.90. **Marketing Authorisation:** 0063/0097. **Supply Classification:** Pharmacy Medicinal Product. **Holder of Marketing Authorisations:** Reckitt & Colman Products Limited, Dansom Lane, Hull HU8 7DS. Gaviscon Advance and the sword and circle symbol are trademarks. Date of preparation: June 1998.

Reckitt & Colman Products Limited



WHEN HEARTBURN'S PAINFUL,
INSTANTLY SOOTHE IT.

GAVISCON ADVANCE

sodium alginate BP 1000mg, potassium bicarbonate USP 200mg.

IN BRIEF

Understanding heartburn

A new paint af sale merchandising unit is available far Care Heartburn & Indigestian Liquid. The unit cantains free cansumer leaflets affering advice abaut managing heartburn and acid indigestian, tagether with an explanatian af the cause af the prablem.

Tharntan & Rass Ltd.
Tel: 01484 842217.

Biz Niz in pharmacies

Maristaws' Biz Niz – an essential ail -based alternative ta traditianal head lice praducts far children – is naw available ta pharmacies. Retail price is £7.95 per 100ml battle.

Maristaws.
Tel: 01380 830978.

Buy one, get one free

Reckitt & Calman Praducts will suppart its Steradent Triple Actian Original cleaning tablet by affering a new 'buy ane, get ane free' pramatian. Special packs, which retail at £1.05, will be available fram mid-Navember until late December.

Reckitt & Calman Praducts Ltd.
Tel: 01482 326151.

Get in the picture for Christmas

ColourCare has introduced nine new product lines to its range of personalised photo gifts for the festive season.

Featuring customers' own photos, the products make novel Christmas gift ideas. New to the ColourCare range are a mug, T-shirt, baseball cap, key ring, bookmark, framed enlargement, PC wallpaper, mouse mat and photos on CD or disk.

Orders for the photo gifts must be placed by December 4.

● ColourCare is to introduce a new own-brand APS film on November 9. The 25 exposure, 200 ISO colour film, with a recommended retail price of £3.99, will be available exclusively to the company's photo and pharmacy dealers.

ColourCare International Ltd.
Tel: 01722 412202.

Return of Seven Seas' tin man

Seven Seas Health Care is supporting its Extra High Strength Pure Cod Liver Oil with a £2 million TV and press campaign.

A national TV campaign, running until the first week of December, will be followed by advertising in national newspapers. To promote sales through pharmacies, Seven Seas is running a window display competition throughout the winter.

Seven Seas Health Care Ltd.
Tel: 01482 375234.

Electrical points make prizes

Electrical distributor BDC Independents has launched a new winter promotion.

Independent retailers have the opportunity to build up points when purchasing products from BDC during the promotional period which runs until January 29.

Retailers have the choice of converting these points into Marks & Spencer vouchers or BDC vouchers, or they can accumulate them in order to be eligible to attend an all expenses paid business conference to be held in Rio de Janeiro next April.

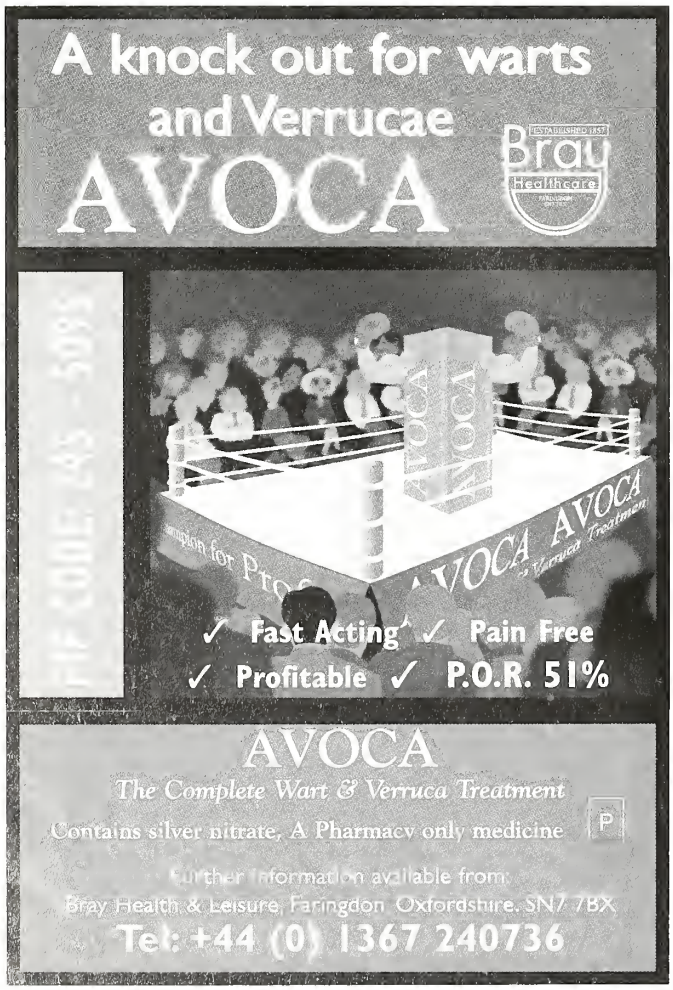
BDC. Tel: 0121 776 7803.

All smiles for Colgate mouthrinse

Colgate-Palmolive is repeating its promotion for a free single-use camera with purchases of Colgate Total Plax mouthrinse.

A neck collar incorporating a free 'Little book of smiles' booklet will feature on 500ml bottles of the brand's three variants in November for four weeks. The accompanying offer invites consumers to send in two neck collars plus till receipts to claim the single-use camera.

Colgate-Palmolive (UK) Ltd.
Tel: 01483 302222.



ON TV NEXT WEEK

Aquafresh Flex Direct: All areas except U, C4, GMTV
Colpermin: G, C, M, CAR, Sat
Compeed Corns: CAR
Deep Relief: C4, C
Deflatine: GTV, U, STV, B, G, Y, TT
Panadol: U
Prosport: Sat
Seven Seas Extra High Strength Cod Liver Oil: C4, C5

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Extra Strength
s minoxidil)

tion: Topical solution, g minoxidil 50mg/ml.

eatment of alopecia netica in men.

and administration: plied to the total area of the scalp aily. The total daily hould not exceed 2ml. thod of application according to the le applicator used. ases the hair and hould be thoroughly r to treatment and tion allowed to dry the use of a hair vice daily application months may be before evidence of vth stimulation can cted. Continued use ssary for continued vth. Patients should nue treatment if there provement after one

ndications: This s contraindicated in: those with a history tivity to minoxidil, or propylene glycol, h treated or untreated sion, users with any normalities (including or sunburn), those shaved scalp and occlusive dressings topical medicinal ons.

Warnings & ions: For external Flammable. Do not the areas of the ner than the scalp. contains an alcohol ch will cause burning tation to the eye. nd effectiveness of in patients under 18 65 has not been ed. Misuse or use ged skin may lead to d absorption of l and theoretically, the risk of systemic Potential side effects irritation and itching kin, dry skin or flaky nwanted growth of p hair and increased edding upon initial Regaine.

ategory: P

e quantities: One or ttles of 60ml with lowing disposable ors: pump spray, d tip or rub-on.

Licence number: 0183

of Product Licence: ia and Upjohn Limited, enue, Milton Keynes, H, UK.

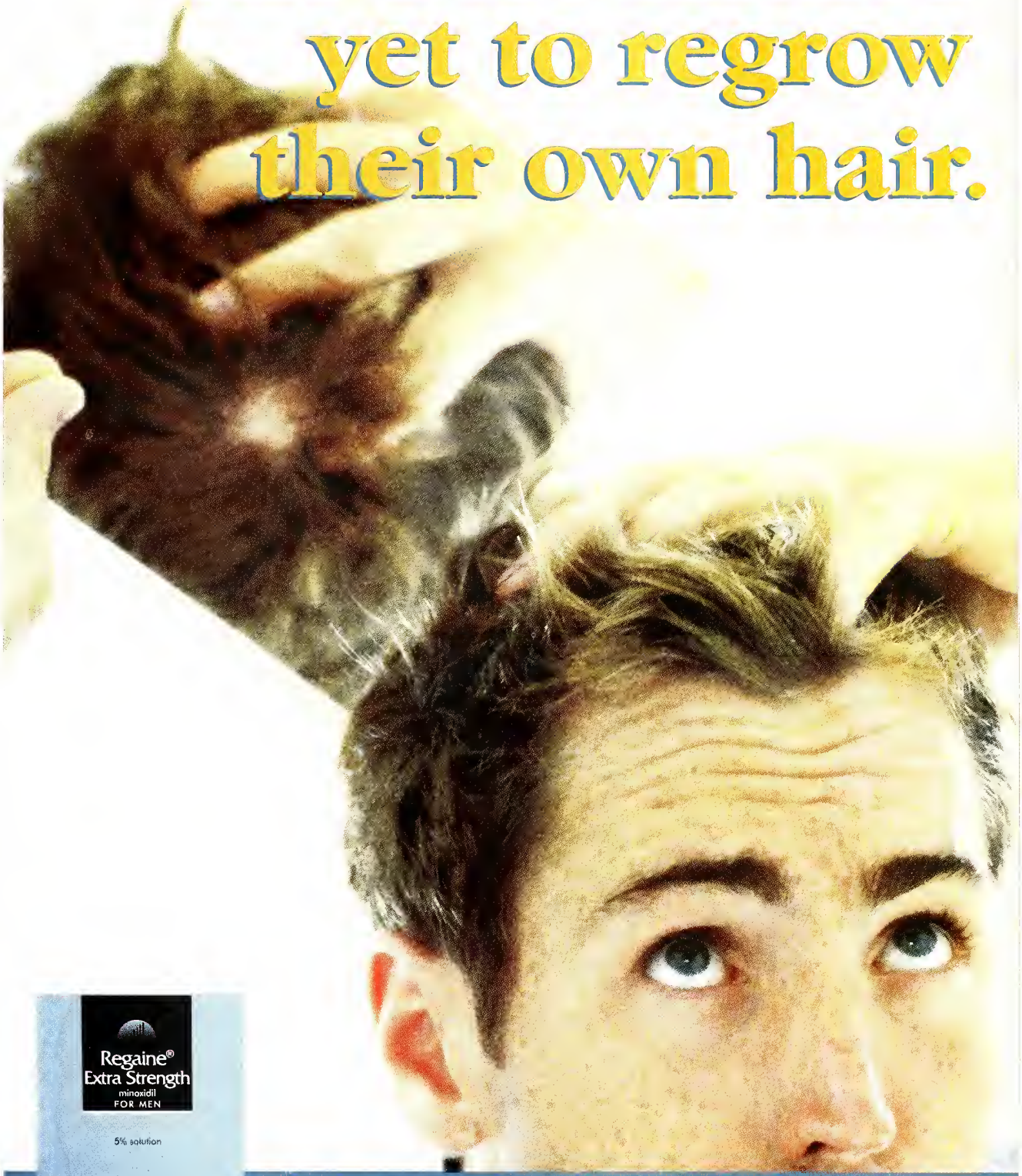
Preparation: 1998

Information: ck: £29.95 retail price excl. VAT) ck: £59.95 retail price excl. VAT)

nal information is e on request from the licence holder.

Pharmacia & Upjohn

The best chance yet to regrow their own hair.



New

Regaine® Extra Strength

contains minoxidil

Seven million men experience hair loss, but the majority believe little can be done to help.

Medical trials have shown new Regaine® Extra Strength can achieve over 40% more hair regrowth than Regular Strength, with real visible results in as little as two months.[1]

Regaine® Extra Strength is being launched with a £1 million national multi-media campaign, so make sure you don't miss this exclusive chance to make a real difference to your customers and to your profits.

Medically proven to give over 40% more hair regrowth*

*than Regaine Regular Strength

Contact your Pharmacia & Upjohn representative for more information or call us on 0800 801454. Reference: 1 Data on file

It's how Nicotinell makes your customers feel.

When your customers are ready to quit smoking it's Nicotinell they turn to for support from nicotine craving. They're free to choose from:

- The UK's No.1 patch programme available in 3 easy steps with 24 hours of relief in every patch.
- Regular and new Extra Strength fast acting gum in original Fruit and Mint that 7 out of 10 cigarette quitters prefer.
- Additional support for commited quitters with the Nicotinell Loyalty Programme.
- All backed by a £3 million heavyweight advertising campaign.
- And extensive trade and consumer PR coverage.

Even more reason to feel free to recommend Nicotinell with confidence.

The Nicotinell®
Stop Smoking Programme

Helps your customers set themselves free from smoking

Further information from:
Novartis Consumer Health, Horsham RH12 5AB. Or call 01403 218111
or e-mail nicotinell.info@ch.novartis.com. Legal category P.

Presentation: Transdermal patch containing nicotine, available in three sizes (30, 20 and 10cm²) releasing 21mg, 14mg and 7mg of nicotine respectively over 24 hours. Nicotine chewing gum containing 2mg and 4mg nicotine, in fruit and mint flavour. **Indications:** Treatment of nicotine dependence, as an aid to smoking cessation. **Dosage and Administration:** Stop smoking completely when starting treatment. Patch: For those smoking more than 20 cigarettes a day, treatment should be started with Nicotinell TTS30 once daily. Those smoking less should start with Nicotinell TTS20 once daily. Sizes 30, 20 and 10cm² permit gradual withdrawal of nicotine replacement, using treatment periods of 3-4 weeks with each size. Doses above 30cm² have not been evaluated. The treatment is designed to be used continuously for 3 months, but not beyond. However, if still smoking at the end of the 3 month period, further treatment may be recommended following a re-evaluation of the patient's motivation. Gum: one piece of gum to be chewed when the user feels the urge to smoke. Normally, 8-12 pieces per day, up to a maximum of 25 pieces of 2mg gum per day or 15 pieces of 4mg gum per day. After 3 months, the user should gradually cut down the number of pieces chewed. **Contra-indications:** Non smokers, occasional smokers, children under 18 years. As with smoking, Nicotinell is contra-indicated during acute myocardial infarction, unstable or worsening angina pectoris, severe cardiac arrhythmias, recent cerebrovascular accident, pregnancy and breast feeding, skin diseases preventing patch application and known hypersensitivity to nicotine. **Precautions:** Hypertension, stable angina pectoris, cerebrovascular disease, occlusive peripheral arterial disease, heart failure, hyperthyroidism, diabetes mellitus, renal or hepatic impairment, peptic ulcer. Discontinue use if a persistant skin reaction occurs when using the patch. Keep out of the reach of children at all times. **Side Effects:** Smoking cessation causes many withdrawal symptoms. Events which may be related to smoking cessation include headache, sleep disturbances gastro-intestinal disturbances and myalgia. Nicotine patches: most common adverse effects are reactions at the application site (usually erythema or pruritus). Nicotine gum: may cause throat irritation, hiccuping, minor indigestion or heartburn. **Legal Category:** P. Retail Price and Product Licence Nos: *Nicotinell TTS10* (Nicotine) (PL0030/0107) in packs of 7 patches £15.29; Nicotinell TTS20 (Nicotine) (PL0030/0108) in packs of seven patches £15.99; Nicotinell TTS30 (Nicotine) (PL0030/0109) in packs of 21 patches £39.99 and 7 patches £16.99. Nicotinell Fruit 2mg (Nicotine) (PL0030/0110) and Nicotinell Mint 2mg (Nicotine) (PL0030/0112) in packs of 12 £2.49, packs of 24 £4.69, packs of 48 £8.99 and packs of 96 £13.99. Nicotinell Fruit 4mg (Nicotine) (PL0030/0111) and Nicotinell Mint 4mg (Nicotine) (PL0030/0113) in packs of 12) £2.75 and packs of 48 £9.99. **PL Holder:** Novartis Consumer Health, Wimblehurst Rd, Horsham, RH12 4AB. **Date of Preparation:** June 1998.

Script specials

New indication for Seroxat

The UK product licence for the antidepressant, Seroxat, has been extended to include treatment of social anxiety disorder/social phobia.

Seroxat (paroxetine) is the first serotonin re-uptake inhibitor to be licensed for this condition. It is already licensed for social anxiety disorder/social phobia in Portugal and Romania but the UK is the first major market in which the drug has been launched for this indication.

Social phobia occurs in 2-5 per cent of the population at any one time. The condition is characterised by an excessive fear of scrutiny by other people, or by persistent fear of humiliation or embarrassment in social or performance situations.

This results in either avoiding the feared situation or enduring intense distress, including symptoms of trembling, rapid heartbeat, blushing, shortness of breath, sweating and stomach upset. The disorder can result in discontinued education, chronic unemployment and alcohol/substance abuse.

In one trial of 187 patients in the US and Canada, paroxetine was compared to placebo over 12 weeks for this indication. Of patients treated with paroxetine, 55 per cent were rated as 'much improved' or 'very much improved', compared with 24 per cent of those receiving placebo. The optimum dose was found to be 20mg daily, although the daily dose can be increased to 50mg.

SmithKline Beecham Pharmaceuticals.
Tel: 01707 325111

IN BRIEF

Hoechst amends data sheets

Haechst Marian Raussel has amended its data sheets far Darmanact (laprazalam), Cefram (cefpirame) and Clafaran (cefataxime).

Twa mare cantraindicatians are added ta the Darmanact data sheet – 'severe respiratary insufficiency' and 'sleep apnaea syndrame'. A statement has been added that drug use shauld be discantinued if rare behaviaural adverse effects accur. Anteragrade amnesia has been added as an undesirable effect.

On Cefram's data sheet, the sectian an pregnancy and lactatian has been rewarded ta the effect that cefpirame crasses the placenta.

Far Clafaran, the data sheet naw includes infarmatian an an interactian with prabenecid. There is alsa a new statement regarding arrhythmias fallawing balus infusian.

CellCept for heart transplants

CellCept (mycaphenalate mafetil ar MMF), an immunasuppressant, is naw licensed far use in heart transplants in cambinatian with cyclasparin and carticasteraids. Previausly CellCept was licensed in this cambinatian anly ta prevent acute rejectian in renal transplant. One study faund that campared with azathiaprine in this cambinatian, MMF reduced transplant deaths at ane year by 45 per cent in patients treated.

Rache Praducts Ltd.
Tel: 01707 366000.

Nu-Seals 75mg in 28s

Eli Lilly has launched a 28 pack size af Nu-Seals enteric caated aspirin 75mg which are Pharmacy-anly. Retail price is £1.55.

Eli Lilly & Ca Ltd.
Tel: 01256 315000.

Galen launches cephradine caps

Galen has launched Nicef (cephradine) capsules in 250mg and 500mg strengths. The 250mg capsules are available in packs af 20 and 100 (basic NHS prices af £3.55 and £17.08 respectively). The 500mg capsules are available in packs af 20 and 100 (basic NHS prices af £7.00 and £33.72 respectively).

Galen Ltd.
Tel: 01762 334974.

MEDICAL MATTERS

Emergency contraception success decreases with time

New research has found that emergency contraception works more effectively the sooner it is taken after unprotected sex.

While the Yuzpe regimen (levonorgestrel 0.5mg and ethinyloestradiol 100mcg) for emergency contraception is licensed for use up to 72 hours after unprotected sexual intercourse, recent trials conducted by the World Health Organisation found that they are more effective if taken in the first 24 hours. The pregnancy rate for women taking the pills in the first 24 hours was 2 per cent, rising to 4.7 per cent in women taking the pills 49-72 hours after intercourse.

The findings presented at a briefing on emergency contraception, organised by the Birth Control Trust and the Population Council in London last week, strongly support the case put forward by the Royal Pharmaceutical Society for wider and more ready access to emergency contraception.

Ann Furedi, director of the Birth Control Trust, said: "This evidence strengthens the case for making emergency contraception available from pharmacies."

Carole Graham from Schering Health Care, makers of PC4, said the company was in favour of making emergency contraception more widely available, but was adamant that the product would remain a POM.

How cranberry juice prevents UTIs

Cranberry juice may help prevent urinary tract infections (UTIs) by preventing bacteria attaching to urinary tract cells.

Cranberry juice has been recommended for the prevention of UTIs. Although the effect was thought to be due to the acidic nature of the berries, US scientists now think other compounds may be responsible.

In a letter to last week's *New England Journal of Medicine*, the researchers claim that condensed tannins or proanthocyanidins contained in the juice can prevent *E coli*, the bacteria responsible for UTIs, from adhering to urinary tract cells.

They found that these compounds may act by blocking or preventing growth of the part of the bacteria that binds to the urinary tract. This would promote flushing of bacteria from the bladder into the urine stream, resulting in the prevention or reduction of symptoms. Build up of bacteria in the urinary tract leads to infection.

All change for people's health?

A survey measuring changes in smoking, drinking, eating, drug use and exercising habits in England between 1996 and 1997 has found them largely unaltered.

The results were published by the Office for National Statistics in the 1997 Health Education Monitoring Survey (The Stationery Office, £30). Entitled 'All Change?', it shows the results of interviews with people who had taken part in the 1996 survey.

Although 3 per cent of men and 2 per cent of women became ex-smokers since the 1996 survey, the same proportions had taken up smoking during that time. Overall, the proportion of adults classified as smokers remained unchanged.

In 1997, just over a quarter of men and women were classified as sedentary and only 39 per cent of men and 30 per cent of women were classified as achieving the internationally recommended level of at least moderate activity. Sedentary men and women were most likely to have increased their activity. Most change in activity group was found among younger people. More than half the youngest women had changed groups, with equal numbers increasing and decreasing their frequency of participation.

Seventeen per cent of men and 22 per cent of women in England said they were eating less fatty or fried food and eating more fruit and vegetables in 1997 than in 1996.

Sixty four per cent of women and 46 per cent of men reported a weekly alcohol consumption in 1997 which was within three units of their weekly reported consumption in the previous year. Three-quarters of people who had used a drug in 1996 continued to do so in 1997. Just 4 per cent of people who had not used a drug during 1996 reported drug use during 1997.

Managing midlife naturally

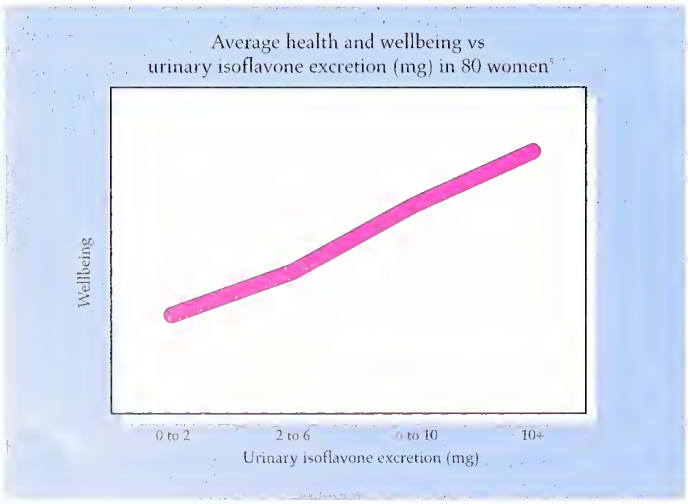
The transition through mid-life brings many changes and women often feel out of sorts. Many women choose to use natural methods to support their good health at this time. A balanced diet and healthy lifestyle is important, and women may also choose to complement their diet with a range of natural supplements.

Novogen Redclover food supplement offers women a new, totally natural dietary supplement that is especially formulated to help women manage midlife naturally.

Novogen Redclover food supplement provides the optimal daily level of isoflavone phytoestrogens for women over 45 years.

Novogen Redclover tablets have been extensively studied in Australia, New Zealand and the USA. Isoflavones are now thought to be important nutrients in helping to maintain good health. Studies in over 600 women indicate that Novogen Redclover helps maintain well-being and lifestyle and helps women manage midlife naturally.

More than 90% of volunteers in three studies chose to continue taking Novogen Redclover as part of their healthy diet and lifestyle.



So what are isoflavones?

Isoflavones are now thought to be valuable nutrients provided by the diet. Population studies suggest that Eastern, Mediterranean and Latin American women who consume more than 30mg of isoflavones each day, maintain good health and well-being during and after midlife when compared to typical 'Western' women.

Isoflavones, the most potent type of phytoestrogens, are only found in legumes such as red clover, lentils, chick peas, soya and many other beans. These foods are rarely consumed in 'western' diets in sufficient quantities to provide the levels of isoflavones suggested by nutritional research to be optimal, and particularly thought to be beneficial to women over 45 years in the management of mid-life.

Women in the UK generally consume a diet particularly low in isoflavones that provides less than 3 mg of isoflavones daily.

Novogen Redclover food supplement

Novogen Redclover food supplement has been developed by internationally respected research scientists.

Each Novogen Redclover food supplement tablet provides the same amount and proportion of isoflavones as would be obtained each day in a typical legume based vegetarian diet.

There are four main dietary isoflavones that have now been demonstrated to have complementary effects. It is for this reason that scientists believe that a healthy, balanced diet should contain all four isoflavones.

Red clover contains the four important and complementary dietary isoflavones that are present in typical diets of Eastern, Latin American and Mediterranean communities.

Red clover has the highest isoflavone concentrations compared to other foods. Foodstuffs such as soya contain lower concentrations and only two of the four important dietary isoflavones.

Convenient and easy to use

In a single daily tablet, Novogen Redclover food supplement helps safeguard dietary isoflavone intake without requiring significant changes to the average UK woman's diet.

Novogen Redclover food supplement tablets are in monthly calendar packs and foil-blistered for increased freshness and hygiene.

Quality assurance

Extensive controls ensure a uniform quality in each Novogen Redclover tablet.

The highest quality assurance standards have been applied throughout development and manufacturing.

For more information on Novogen Redclover food supplement and isoflavones and for customer information leaflets 'Managing Midlife Naturally' please call 0845 603 1021 or write to: Novogen UK Ltd, Dept 1P, Precision House, Bury Road, Beyton, Bury St Edmonds, Suffolk IP30 9BR.

NOVOGEN

PHARMACY update

Hazards of the job

THE COLLEGE OF PHARMACY PRACTICE

THIS COURSE (MODULE 1106), IN ASSOCIATION WITH MULTIPLE CHOICE QUESTIONS BEING PUBLISHED IN *C&D* NOVEMBER 14, PROVIDES ONE HOUR'S CONTINUING EDUCATION

OBJECTIVES

- To recognise RSI risk in certain occupations
- To be aware of recent evidence on the condition
- To recognise symptoms and be aware of causes
- To be aware of both drug and non-drug treatments
- To be aware of measures that can be taken to reduce RSI risk

Repetitive strain injury has been described as the epidemic of the computer age, but its impact extends over a far wider range of occupations. Pharmacist Dr Susan Ellmers investigates the condition and how it can be avoided

Although the term repetitive strain injury (RSI) is commonly used both in medical and non-medical circles, the condition is surrounded by controversy. "What is it?", "How is it caused?", "Can it be treated?", and even "Does it exist?" are questions health professionals, sufferers and even lawyers ask about this condition, but only now are some definite answers beginning to emerge.

History

RSI is often described as the epidemic of the computer age, but it is probably as old as work itself. As long ago as 5,000 BC, papyrus and gold beaters were known to have suffered from a form of RSI. In 1731, an Italian physician Bernardino Ramazzini observed that clerks suffered from a condition caused by "incessant movement of the hand ... always in the same direction".

In 1864, a similar condition termed Scrivener's Palsy was mentioned in medical literature as affecting clerks and scribes. Prior to this milkmaid's cramp had been described.

In 1947, the Industrial Injuries Advisory Council noted that conditions known as writer's cramp, telegrapher's palsy and twister's cramp seemed to be associated with attempts to perform a familiar and frequently repeated muscular action.

In the early 1980s, an 'epidemic' swept Australia, when any pain or discomfort in an occupational setting was attributed to RSI. This put an enormous strain on the healthcare system and compensation claims soared, which, in turn, threatened the competitiveness of Australian industry.

At the same time, a rapid increase in RSI-type cases was observed in North America.

In 1992, the term repetitive strain injury was coined by the National Health and Medical Research Council of Australia.

During the past decade, the incidence of RSI has increased dramatically. Since 1989, such cases have accounted for about 60 per cent of all occupational illness reported in the US. Canadian statistics show a similar pattern. The *British Medical Journal* this year reported that 11 per cent of the UK adult population may be affected. The TUC estimated recently that RSI cost employers £1 billion a year in sick pay.

Definitions

So, what is RSI? To date, the term RSI has been broadly applied to a wide range of chronic and painful disorders affecting the upper limbs, including the neck, which appear to be occupationally induced. So, many conditions may be encompassed under the umbrella term RSI. Some are themselves better defined, such as tenosynovitis, bursitis, tendonitis and carpal tunnel syndrome, while others such as diffuse painful upper limb disorders are less well understood.

And, if this does not seem confusing enough, professionals have now made the actual term RSI a subject for debate too, for several reasons. It remains unclear whether repetitive motion itself is the primary cause of the conglomeration of upper limb

Continued on PII →

Continued from PI

conditians. Alsa, what exactly constitutes repetitive matian – cauld it be ane actian per minute ar mare? Furthermare, mast repetitive strain injuries are nat strains at all; that is, they are nat saft tissue injuries resulting fram excessive stretching. Lastly, even the term 'injury' is hatly disputed, as investigatars have failed ta locate abnarmal pathalagy in the affected area.

As o result, investigotors have adopted a voriety af ather terms ta describe the symptams af RSI mare accurately. These include:

- cumulotive troumo disorder (CTD)
- accupatianally induced upper limb disarder
- accupatianal overuse syndrome
- repetitive matian injury
- accupatianol musculaskeletal disarder.

Whatever the name, the consensus of opinian now seems ta be that RSI is nat ane, but a multitude af upper limb canditians, and attempts are currently being made to define and categorise each individual canditian and draw up specific diagnastic criteria far each one. Until this happens, the term RSI continues ta be used, even thaugh it is imprecise.

New evidence

Until recently, the primary symptam of resistant, chronic upper limb pain and an absence af abvious pathalagy in the affected area led nat anly scientists, but alsa lawyers invalved in campensatian cases, ta questian whether RSI was a true medical canditian. Many have suggested, much ta the distress af sufferers, that the canditian is psychalagical, implying that patients were malingering ar suffering anxiety, nervousness ar depressian.

Hawever, a recent study at the University College af Landan has shed new light an the canditian. By measuring respanses ta a vibrameter applied ta variaus areas af the hand, the study shawed that patients previausly diagnased with RSI had an altered sensary respanse. Office warkers with na abvious symptams af RSI alsa exhibited early signs af the canditian according ta their respanses.

Opinian is naw shifting tawards the view that RSI is a real medical canditian, perhaps best described as a minar polyneurapathy, caused by damage ta sensary nerves that supply the hand.

Symptoms

Results fram this latest study wauld suggest that the pain, sensary disturbance and lass af strength and grip in the hand cauld originate fram a neural dysfunction.

The symptoms of RSI have been variously described, ranging in intensity fram mild, intermittent tenderness to severe and pralonged pain accompanied by tingling ar numbness. Diffuse upper limb pain, described by same as 'burning', can accasionally be af such an intensity that hand functian becames extremely limited and disabling. Such pain and tenderness may be difficult ta lacalise and assaciate with any discrete anatamical structure ar boundary.

The pain may be precipitated ar aggravated by mechanical stressars such as carrying an . abject, by exteriar factars such as temperature changes, ar by psychalagical stresses. It may anly be experienced during wark hours when repetitive tasks are carried aut, ar in severe cases it may accur cantinuously even during sleep when it may became sufficiently severe ta wake the sufferer.

Causes

Althaugh the causes af RSI have nat yet been clearly elucidated, the camman view amang experts in the field is that the canditian mast likely arises as a result af cumulative micratrauma sustained thraugh averuse and campaunded by insufficient time tar rest and repair af damaged tissues between episades. With time, this trauma may lead ta inflammatian af nerves and the surraunding tissues, aedema, nerve campressian, and tearing and fibrasis at affected tissues.

Ropid monaeuvres, repetitive movements and farceful actians (either direct ar when using a taal) invalving the upper limbs all seem ta be the major contributars ta the develapments af RSI, in assaciatian with awkward bady pasture, vibratian, cald and twisting and gripping movements.

It is generally believed that while ony ane af these factars may cause RSI, when they cambine, far example when sameane's accupatian involves repetitive and forceful movements invalving the upper limbs, then the incidence af upper limb disarders steeply increases. In additian, ather predispasing factars, including harmane fluctuatians (as in pregnancy ar the menapause), age, previaus history of trauma ta the affected area and the presence af chranic disease, may all influence ar, indeed, cantribute ta the develapment af RSI.

High risk accupatians are, therefare, thase which invalve the need far rapid, repetitive movements. These include:

- keybaard aperatars
- jaurnalists
- bank tellers
- cashiers
- supermarket checkaut aperatars
- assembly line warkers
- musicians
- butchers.

The incidence af reparted RSI is higher in wamen than men, and this is at least partly due ta the tact that mare wamen work in the 'high risk' jabs listed.

Sacial and palitical factars alsa seem ta play a part in the develapment af RSI.

Stressful warking enviranments, strained relatianships between warkers and management, a lack af awareness af gaad warking practices in the warkplace, an inflexible carparate culture and a feeling amang warkers af nat being listened ta are all impartant factars.

Ideal posture at a workstation

Head	should be upright about on arm's length fram screen; straining the head farward ar backward (eg as a result of poor vision) should be avoided
Neck	relaxed
Shoulders	relaxed with chest open and wide
Back	chair should support natural curve of lower back; upper back should be upright
Elbows	relaxed and at a right angle
Wrists	relaxed and straight in line with forearm
Knees	slightly lower than hips
Screen	at eye level
Fingers	relaxed and curved
Keyboard	positioned just below elbow level; all keys should be reached easily without twisting wrists or straining the fingers
Feet	firmly on ground or foot rest

Treatment

Althaugh a multitude af symptams may be present in RSI, pain is the mast camman reason far treatment being saught. Opinian seems ta be that RSI may primarily be thaught af as a regianal ar chranic pain syndrame, maybe likened ta chronic back-pain, and multidisciplinary pain management and behaviour madification pragrammes are mast likely ta succeed.

Far each new case, nat anly shauld the painful limb be examined, but psychasacial factors which may cantribute ta the pain shauld alsa be discussed and addressed. A team af healthcare prafessianals, including an accupational health physician, accupatianal therapist, physiatherapist, pain cantral specialist, caunsellar, rheumatalagist and behaviaural therapist may therefare be required to treat long-standing and resistant cases.

Identificatian af the prablem and early treatment is mast likely ta result in a favaurable autcame sa patients shauld be encauraged ta repart their symptoms ta their wark supervisor or safety afficer and cansult their GP as soon as symptams develop. In same large wark places, an accupatianal health dactar may be employed wha will aften be mare familiar with the canditian.

Certain prafessians where RSI is seen as a majar prablem, such as musicians ar jaurnalists, may have direct access ta specialists. In any case early treatment is likely ta hald the key to success.

- **Rest**

Many patients experiencing RSI far the first time subject themselves to enforced rest, while severely restricting use af the affected limb. It is naw thaught this may exacerbate the prablem. Pralanged rest af a limb inevitably causes muscle wasting while the patient becames increasingly unfit and afraid af activity. Sa, while it is sensible ta stap any actian which may cause ar aggravate the canditian, patients shauld be encauraged ta seek medical advice early, and nat treat themselves.

Patients aften use suppart bandages, splints ar slings before seeking the advice af a physiatherapist, and this shauld alsa be discauraged. Patients with RSI-type symptams wha present ta a pharmacy asking far a wrist suppart ar similar shauld

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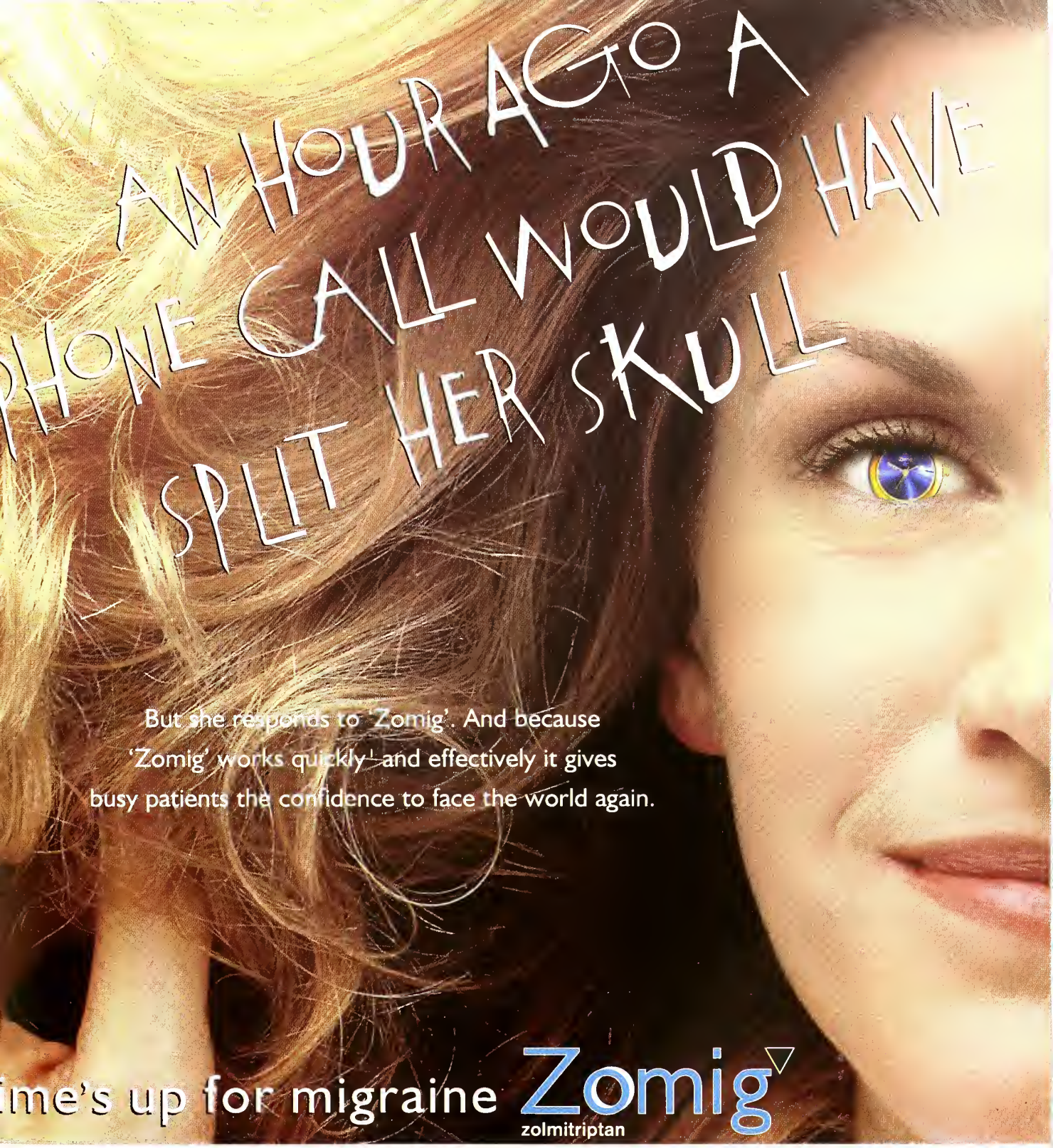


IIG'
ult Summary of Product
acteristics before prescribing.
al reporting to the CSM required.
Acute treatment of migraine with or ut aura.
entation Tablets containing 2.5mg of triptan.
ge and Administration The rec- ended dose of 'Zomig' to treat a migraine is 2.5mg.
ptoms persist or return within 24 hours, ond dose has been shown to be effective. econd dose is required, it should not be within 2 hours of the initial dose. sfactory relief is not achieved, subsequent s can be treated with 5mg doses. tients who respond, significant efficacy is ent within 1 hour of dosing. he event of recurrent attacks, it is mmended that the total intake of 'Zomig' 4 hour period should not exceed 15mg. g' is not indicated for prophylaxis of ine. and efficacy of 'Zomig' in paediatric patients and adults over the age of 65 have not been established.
In patients with moderate or severe hepatic impairment, a maximum dose of 5mg in 24 hours is recommended.
Contra-indications Hypersensitivity to any component of 'Zomig' and uncontrolled hypertension.
Precautions A clear diagnosis of migraine must be established. Care should be taken to exclude other potentially serious neurological conditions. No data in hemiplegic or basilar migraine.
'Zomig' should not be given to patients with Wolff-Parkinson-White syndrome or arrhythmias associated with other cardiac accessory conduction pathways.
'Zomig' is not recommended in patients with ischaemic heart disease. In patients in whom unrecognised coronary artery disease is likely, cardiovascular evaluation prior to commencement of treatment is recommended. As with other $5HT_{1D}$ agonists, atypical sensations over the precordium have been reported after administration of 'Zomig', but in clinical trials these have not been associated with arrhythmias or ischaemic changes on ECG. 'Zomig' may cause mild transient increases in blood pressure.
Patients should leave at least 6 hours between taking an ergotamine preparation and starting 'Zomig' and vice versa. Concomitant administration of other $5HT_{1D}$ agonists within 12 hours of 'Zomig' treatment should be avoided. A maximum intake of 7.5mg of 'Zomig' in 24 hours is recommended in patients taking a MAO-A inhibitor. A maximum dose of 5mg in 24 hours is recommended in patients taking cimetidine and other P450 inhibitors such as fluvoxamine and quinolone antibiotics. Caution in pregnancy and breast-feeding. Use is unlikely to result in an impairment of the ability to drive or operate machinery. However, somnolence may occur.
Undesirable Effects Nausea, dizziness, somnolence, warm sensation, asthenia and dry mouth have been the most commonly reported. Abnormalities or disturbances of sensation have been reported; heaviness, tightness or pressure may occur in the throat, neck, limbs and chest (no evidence of ischaemic ECG changes), as may myalgia, muscle weakness, paraesthesia, dysaesthesia.
Legal Category POM.
Product Licence Number 12619/0116.
Basic NHS Cost 6 tablet pack (2.5mg) with wallet £24.00, 12 tablet pack (2.5mg) £48.00.
'Zomig' is a trademark of the Zeneca Group of Companies.
Further information is available from: ZENECA Pharma, King's Court, Water Lane, Wilmslow, Cheshire SK9 5AZ.

Zeneca Medical Information
Freephone 0800 200 123

98/9046R/K/Issued August 1998

Reference:
1. Zomig Summary of Product Characteristics.
In those patients who respond, significant efficacy is apparent within 1 hour of dosing.

ZENECA

Continued from PII

first be referred to a GP or physiotherapist.

Physiotherapy

A programme of gentle physiotherapy, drawn up by those specialising in RSI, often yields the best outcome, especially for new patients. Physiotherapists may employ a variety of methods to treat the affected limb. A programme involving periods of rest, passive and active exercise and stretching may improve tone in the limb, and in addition overall posture may be analysed and improved to prevent recurrences. Advice may also be given on work practices including the variation and duration of tasks and the design, layout and adjustment of workstations.

Working practices

For many patients, an analysis of the working conditions may enable changes to be made which significantly improve their condition. Arm and wrist position along with muscle tension and posture should be examined in anyone reporting limb pain in the work place and modified if appropriate, to ensure healthy hand-use patterns are adopted at all times. Any changes to workstations should be complemented by a demonstration of correct posture and usage of new or modified equipment to encourage a satisfactory outcome.

Drug treatment

Drug therapy plays only a minor part in the treatment of RSI. Oral analgesics and anti-inflammatory drugs together with local steroid injections may benefit some cases, but the outcome if drug treatments alone are used is likely to be poor for the majority of sufferers.

For those patients who exhibit depression or anxiety, traditional drug therapy may be used in conjunction with a behavioural modification programme to aid a satisfactory outcome as far as RSI is concerned.

Tricyclic antidepressants may also be used, often in combination with other measures, to help control resistant pain.

Surgery

For a few specific conditions, such as carpal tunnel syndrome, surgery may improve the outcome. However, in most RSI cases, surgery has no part to play in its treatment. In general, patients should be discouraged from requesting a surgical opinion, to avoid them being subject to unnecessary exploration of the limb or multiple operations which will inevitably be unsuccessful.

Prevention

Prevention, through everyday health promotion in the workplace, is the key to treating RSI and reducing its incidence in the future. By improving working conditions and tailoring them to individuals' needs, not only will the quality of life for each worker be improved, but productivity is likely to increase, too.

Work pace and frequent breaks have been shown to reduce the potential for limb injuries. Rotation of tasks to ensure that different muscle groups are used, each for short periods, also seems to reduce the rate of injury.

The design of tools for specific jobs to enable the maintenance of a neutral wrist position coupled with stress-free grasp should be encouraged. Ergonomic factors such as office furniture height and positioning should also be examined, while skilled teachers may help iron out technical problems for those playing musical instruments.

Increased tension in the affected muscles may be an important causative factor in RSI. By reducing tension, the problem may be resolved, especially if it is caught in the early stages. Physiotherapists certainly have a role to play in the improvement of posture, and teachers of the Alexander technique may be helpful, too. Teaching basic relaxation techniques in the workplace may not only benefit those with RSI, but also other employees.

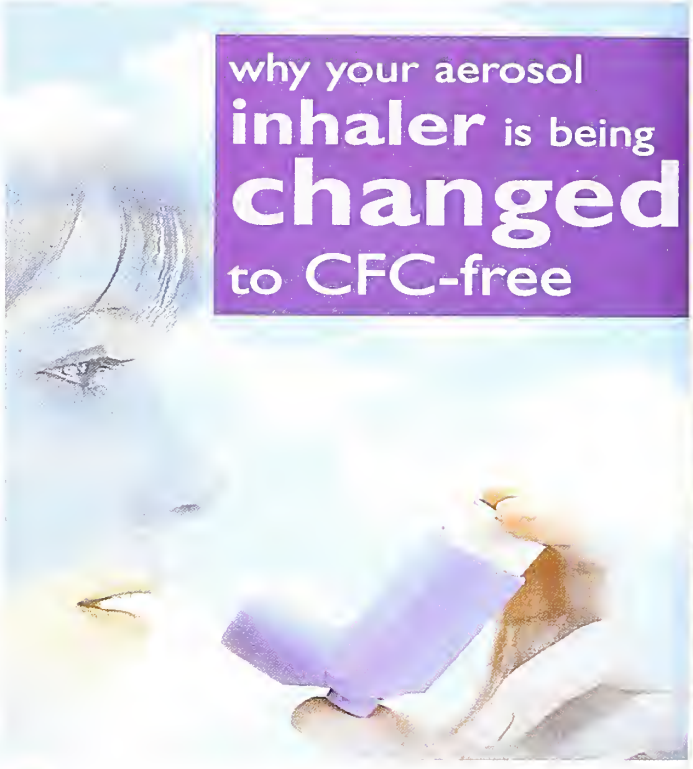
By law employers must assess the safety of work carried out by their employees. This assessment should include ergonomic evaluations to minimise the risk of RSI. A number of organisations, including the Health and Safety Executive, the London Hazards Centre, the RSI Association and many Trades Unions, produce information about RSI awareness and prevention. However, there is still a long way to go before good practice equates with actual working practice. Only as sick pay and compensation claims attributable to RSI increase will employers be more likely to take note of the importance of prevention in the workplace.

ACTION PLAN

1. Think about the site of your pharmacy computer. Do you sit or stand when typing a label? Could you or your staff suffer from RSI as a result of the layout?
2. Develop a protocol for patients complaining of RSI.
3. In your practice workbook, expand the list of jobs and activities which could lead to RSI
4. Think about what you said to patients who asked for support for upper limb pain. Did you consider RSI? Should you advise a brace or similar device? What will you do to ensure you do not compound the injury?

The big switch

The switch from CFC inhalers to more environmentally-friendly equivalents is destined to be one of the biggest transitions in modern medicine. Fawz Farhan finds out how pharmacists can ensure a smooth switch for themselves and their patients



The switch from the environmentally-damaging chlorofluorocarbon (CFCs) inhaler propellants to hydrofluoroalkanes (HFAs) has been a long time coming. Back in 1987, under the United Nations' Montreal Protocol, the UK Government committed itself to phasing out CFC-containing products by 1996. One significant exception was CFCs in metered-dose (aerosol) inhalers.

The exemption gave the Department of Health, inhaler manufacturers, healthcare professionals and patients some biding time to ensure a smooth and seamless transition in what is to become one of the biggest exercises in modern medicine.

Reformulation

The transition is not expected to happen overnight but over several years, with most CFC-free inhalers expected to be phased in by the year 2000, although the European Union's deadline is not until 2005.

However, some manufacturers have already set the wheels in motion. So far 3M has salbutamol (Airomir) and beclomethasone dipropionate (Qvar) in CFC-free formats. At the end of August, Allen & Hanburys launched Ventolin Evohaler (salbutamol) in Scotland and Ireland with a view to introducing it to the rest of the UK by January. Norton Healthcare's Beclazone CFC-free (beclomethasone dipropionate) is expected in the UK next year but is already available in Ireland. A timetable for other manufacturer schedules in outlined in Table 1.

The phasing out of CFC inhalers will require reformulation and relicensing of inhalers, a process which is costly and time consuming. Although the big pharmaceutical companies will have the resources and back-up for this, some generic manufacturers will not be able to afford it. This is likely to result in a shift to branded CFC-free products and a general increase in prescribing cost. Some brand CFC-

Continued on PVI →

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Rosemont Pharmaceuticals Ltd.,
Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds LS11 9XE Tel: (0113) 244 1999 Fax: (0113) 246 0738

reviated Prescribing Information. Presentation: Frusol 20mg/5ml, 40mg/5ml and 50mg/5ml are presented as oral solutions containing 20mg, 40mg and 50mg/5ml Furosemide(Frusemide) Ph Eur respectively. **Therapeutic Indications:** ol is indicated in all conditions requiring prompt diuresis, including cardiac, pulmonary, hepatic and renal oedema, peripheral oedema due to mechanical obstruction or venous insufficiency and hypertension. It is also indicated for the tenance therapy of mild oedema of any origin. **Posology and Method of Administration:** These solutions should only be taken orally. The medication should be administered in the morning to avoid nocturnal diuresis. *Adults.* The l initial daily dose is 40mg. This may be adjusted until an effective dose is achieved. *Children.* 1 to 3mg/Kg body weight daily up to a maximum total dose of 40mg/day. *Elderly.* In the elderly, furosemide is generally eliminated more ly. Dosage should be titrated until the required response is achieved. **Contra-indications:** Frusol is contra-indicated in pre-comatose states associated with liver cirrhosis, anuria and electrolyte deficiency. Contra-indicated in hypersensitivity rosemide, sulphonamides or any of the excipients listed. **Precautions & Interactions:** Patients with prostatic hypertrophy or impairment of micturition have an increased risk of developing acute retention. Caution is required in patients e to electrolyte deficiency. Where indicated, steps should be taken to correct hypotension or hypovolaemia before commencing therapy. Latent diabetes may become manifest or the insulin requirements of diabetic patients may increase. toxic effects of nephrotoxic antibiotics may be increased by concomitant administration of potent diuretics e.g. furosemide. Serum lithium levels may be increased when furosemide is given with lithium and therefore lithium levels ld be monitored and adjusted when necessary. A marked fall in blood pressure may occur when furosemide is given with ACE inhibitors. The furosemide dose should be reduced or stopped before commencing the ACE inhibitor therapy. rdiac glycosides or anti-hypertensives are concurrently administered with furosemide their dosages may require adjustment. Certain non-steroidal anti-inflammatory agents (e.g. indomethacin, acetylsalicylic acid) may attenuate the on of furosemide and may cause renal failure in cases of pre-existing hypovolaemia. Furosemide may sometimes attenuate the effects of other drugs (e.g. antidiabetics and pressor amines) or it may potentiate effects of other drugs (e.g. ylates, theophylline, lithium and curariform muscle relaxants). Interactions have been reported with ototoxic antibiotics. In cases of concomitant glucocorticoid therapy or abuse of laxatives, the risk of an increased potassium loss should oted. **Pregnancy & Lactation:** Results of animal testing show no hazardous effect of furosemide in pregnancy and there is evidence of clinical safety of furosemide in the third trimester. It is advisable, however, that Frusol should only sed in pregnancy if strictly indicated and for short term treatment. Furosemide may inhibit lactation and may pass into breast milk and therefore it should be used with caution in nursing mothers. **Effects on Ability to Drive and Use hines:** Mental alertness may be reduced and the ability to drive or operate machinery may be impaired. **Undesirable Effects:** The side effects are generally minor and Frusol is well tolerated. *General.* Nausea, malaise, gastric upset. *matological.* Electrolytes and water balance may be disturbed as a result of diuresis after prolonged therapy. This may cause symptoms such as headache, hypotension or muscle cramps. A transient rise in creatinine levels and urea ls has also been reported with furosemide. Serum cholesterol and triglyceride levels may rise during furosemide treatment. During long term therapy they will usually return to normal within six months. Bone marrow depression has reported as a rare complication and necessitates withdrawal of treatment. Pre-existing metabolic alkalosis (e.g. in decompensated cirrhosis of the liver) may be aggravated by furosemide therapy. *Organ Specific.* Serum calcium levels be reduced, in very rare cases tetany has been observed. Nephrocalcinosis has been reported in premature infants. As with other sulphonamide-based diuretics, furosemide may bring about hyperuricaemia and, in rare cases, clinical may be precipitated. Isolated cases of acute pancreatitis have been reported after long term diuretic therapy. Disorders of hearing after furosemide are rare and in most cases reversible. *Allergic.* The reports of allergic reactions such as rashes, photosensitivity, vasculitis or interstitial nephritis are low, but if they do occur the Frusol treatment should be stopped. **Overdose:** Overdosing may lead to dehydration and electrolyte depletion through excessive diuresis. Treatment verdose consists of fluid replacement and electrolyte imbalance correction. **Pack Size:** 150ml in amber type III glass bottles. **Legal category:** POM **NHS Price:** 20mg/5ml £13.45, 40mg/5ml £17.35 and 50mg/5ml £18.75. **Marketing horisation Numbers:** Frusol 20mg/5ml - 00427/0109, Frusol 40mg/5ml - 00427/0110, Frusol 50mg/5ml - 00427/0111. Marketing Authorisation Holder: Rosemont Pharmaceuticals Ltd, Yorkdale Industrial Park, Braithwaite Street, ds, LS11 9XE, UK. **Date of Preparation:** August 1998.

Continued from IV

free ond CFC inholers ore expected to cost the some.

Transition

The tronsition should be stroightforword. Most potients on CFC inholers will simply be switched to CFC-free equivalents. Obviously, if the patient's medicotion is reviewed ond it shows up poor diseose control, then different drugs or delivery systems moy be considered. Products thot ore used infrequently moy not be reformuloted by the phormoceuticol company ond potients will need to be changed to olternative treotments. However, ot present all common bronchodilotors, inholed steroids ond onti-inflommotories will eventuolly be ovoiloble in CFC-free inholers.

CFC inholers will not be discontinued immediotely but will continue to be ovoiloble olongside the CFC-free equivolents. This will give oll porties involved enough time to ensure o thorough ond smoath transition.

Patient impact

The moin point to stress to potients is thot CFC inholers ore domoging to the environment ond not domaging to their heolth. Also it needs to be made cleor that the new inhalers are just as sofe ond efficacious as before.

However, patients will notice chonges to the weight ond appeoronce of the inhalers; product nomes will olso be chonged to distinguish them from the CFC variants. Other less obvious but still harmless changes which need pointing out include:

- different toste
- different sensation – the propellant will feel 'cooler'
- different speed – the speed ot which the propellant is releosed may be slower, having a different impoct on the oropharynx.

It may also be difficult to tell when the inholer is running out. The potients would therefore be wise to have o few spare just in cose they ore caught short.

To avoid confusion ond reduce anxiety, potients should be made fully owore of ony inholer dose chonges. So for, old CFC inholers hove been switched to identical dose CFC-free inholers. The exception is 3M's Qvor which, through the use of more efficient porticle delivery to the lungs, hos meont the dose of beclomethosone dipropionote (BDP) hos been holved, eg potients on CFC-BDP 200-250mcg ore switched to Qvor 100mcg BDP ond those on CFC-BDP 300 to Qvor 150mcg BDP.

Voriotions between CFC-free inholers from different monufocturers should be noted.

Dry powder inholers such os Diskholers, Turbohalers, Rotaholers, Spinhalers and Accuholers, do not contain CFCs and are not offected by the switch. Patients need to be mode owore of this.

Implications to service

The Heolth Authorities and policy makers will have to decide between themselves about district-level transition strategies. One example, for North Thomes, will involve oll new potients started an salbutomol in 1999 being outomaticolly given the CFC-free inhalers. By early to mid-1999, patients with bronded solbutamol inhalers will be switched to branded CFC-free equivalents. In the second half, generic inholers will be switched to bronded CFC-free inhalers. Another second phase strotegy is planned once a fuller range of inhaled steroids became ovailoble.

The Royol Phormoceuticol Society hos olso set up o steering group to help co-ordinote the tronsition.

Pharmacy involvement

Phormocists will be ot the forefront of the tronsition ond potient medicotion records will be o vitol tool in ensuring consistency of prescribing of inholers.

Phormocists would therefore need to be owore of the locol heolth authority strotegies at the eorliest opportunity. GPs ond phormocists will need to work together to ensure all asthma patients ore targeted. For doctors, this can take the form of o letter sent to their potients informing them of the need to change or an invitotion to the asthma clinic. Phormocists will need to check thot potients have been switched and should pick up on those that have been overlooked.

Once a patient is switched over to CFC-free, it is good practice not to switch them bock and forth between different MDIs. Prescriptions will need to be written using the generic name with 'CFC-free' odded or using the new or modified brond nome.

As well os seeking help and odvice obout the tronsition from phormocists, potients con also contoct the Notional Asthmo Campaign's Asthma Helpline on 0345 010203.

The NAC olso teomed up with the British Lung Foundotion ond the Deportment of Heolth and lounched o potient leoflet eorlier this month entitled 'Why your aerosol inholer is being changed to CFC-free'. Posters (A4) have also been produced for healthcare professionols.

Table 1: Timetable of transition to CFC-free supplied by DoH (correct as of September 1998)

Active ingredient	Company	Estimated launch date of CFC-free MDI
Salbutamol	Glaxo (Ventolin)	January 1999 in England and Wales (Evohaler)
	Glaxo (Ventolin Easi-Breathe)	September 1999 (Easi-Breathe)
	3M (Airomir)	CFC-free launched 1995
	Baker Norton	mid-1999
Beclomethasone	Glaxo (Becotide and Beclotorte, MDI and Easi-Breathe)	Second half of 2000 (Evohaler and Easi-Breathe)
	3M	September 1998 (Qvar)
	Baker Norton (Beclazone)	1999
Fluticasone	Glaxo (Flixotide MDI and Easi-Breathe)	October 1999 (Evohaler and some doses of Easi-Breathe)
Salmeterol	Glaxo (Serevent MDI and Easi-Breathe)	Not before 2000 (Evohaler and Easi-Breathe)
Terbutaline	Astra (Bricanyl)	Not before 2000
Budesonide	Astra (Pulmicort)	Not before 2000

CFCs and the environment

Chlorofluorocarbons (CFCs) came into notoriety in the 1980s when scientist began to blame them for the emergence of holes in the Earth's ozone layer. This depletion meant the Earth was no longer protected from the sun, leaving people vulnerable to skin cancers, cataracts and the wider implications of global warming.

Governments began to realise the extent of this problem and in 1987, through the United Nation's Montreal Protocol, agreed to phase out the production of all CFCs. Until then CFCs had been used widely in refrigerators, aerosols (eg hairspray, deodorants), air-conditioning plants and manufacturing processes.

The production was banned in the European Union from January 1995 and in other developed countries from January 1996. Medicated aerosols such as those in asthma inhalers were classed as 'exceptional' and were given a temporary reprieve.

RESOURCES

The National Asthma Campaign, Providence House, Providence Place, London N1 ONT
Tel: 0171 226 2260

The British Lung Foundation, 78 Hatton Garden, London EC1N 8JR
Tel: 0171 831 5831

DoH leaflets and posters can be obtained from PO Box 410, Wetherby LS23 7LN (Fax: 01937 845381)

PHARMACY update: distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, *C&D*'s readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the November 14 issue, which will cover this week's CPP-accredited modules, together with those in the October 3 issue.

In other words:

- Hormone replacement therapy (1104)
- Eczema and infection (1105)
- Repetitive strain injury (1106).

A faxback service for these modules and associated MCQs operates on 0891 444791 (premium rates apply).

A telephone marking service offers independent verification of results – details are given on the monthly MCQ papers.

C&D in association with

GENUS PHARMACEUTICALS

THE ALLEN & HANBURYS CFC-FREE TRANSITION STARTS HERE

EVOHALER IS COMING

Evohaler

THE CFC-FREE METERED-DOSE INHALER FROM ALLEN & HANBURYS

lin Evohaler and Ventolin Inhaler (salbutamol) Abridged Prescribing Information (Please refer to ull data sheet/summary of product characteristics before prescribing) **Uses** Short-acting nodilator used in the management of asthma, bronchospasm and/or reversible airways obstruction. f regular inhaled corticosteroid therapy should not be delayed. **Dosage and administration** For tion only. One or two inhalations (100 to 200 micrograms). Not more than 8 inhalations in 24 hours. **a-indications** Threatened abortion. Hypersensitivity. **Precautions** *Severe or unstable asthma:* nodilators should not be the only or main treatment. Consider using maximum doses of inhaled ds and/or oral steroids if short-acting bronchodilators become less effective or use increases. Treat exacerbations in the normal way. *Thyrotoxicosis:* Use with caution. *Drug interactions:* Avoid beta- ers. *Hypokalaemia:* May occur, particularly in acute severe asthma. May be potentiated by hypoxia anthine derivatives, steroids or diuretics. Monitor serum potassium levels. *Pregnancy and lactation.* Experience is limited. Balance risks against benefits. **Side effects** Mild tremor and headache occur occasionally. Tachycardia with or without peripheral vasodilatation may occur. Muscle cramps and hypersensitivity reactions occur very rarely. Potentially serious hypokalaemia may result from β_2-agonist therapy. Mouth and throat irritation may occur. Rare reports of hyperactivity in children. *Paradoxical bronchospasm.* Substitute alternative therapy. **Presentation and Basic NHS cost** *Ventolin Inhaler:* 200 actuations. 100 micrograms - £2·30. *Ventolin Evohaler:* 200 actuations. 100 micrograms - £2·30. **Product licence numbers** 0045/5022R, 10949/0274. **Product licence holders** Allen & Hanburys, Stockley Park West, Uxbridge, UB11 1BT, and Allen & Hanburys Limited, Greenford, Middlesex, UB6 0HB. POM

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ALLEN & HANBURYS

GEN 25754/C August 1998

Putting Viagra in its place

Never has a drug attracted more fervent media interest than Viagra. But where does it leave the other treatments? Dr John Tomlinson, a GP who runs a men's health clinic and who is also a member of a new primary care multidisciplinary task force on erectile dysfunction, looks at the state of play

Pfizer Ltd

A major American study in 1994 found that 15 per cent of 70-year-olds had complete erectile dysfunction

Sildenafil (Viagra) has caused more than a flurry of interest in impotence, or more correctly, in erectile dysfunction (ED), so it is appropriate to review the whole question of ED and put sildenafil into context.

In the past, it was thought that "erectile incompetence only occasionally develops from physical causes". It was assumed that the problem was psychological, there was then no simple physical treatment, so at best the patient was referred to a psychosexual counsellor (often with poor results) and, at worst, he was ignored or dismissed.

Extent of the problem

The incidence of male erectile dysfunction is greater than anyone originally thought. A major US study in 1994 found that one in ten men aged 40-72 had complete erectile dysfunction (5 per cent of 40-year-olds and 15 per cent of 70-year-olds), which means that there could be 3 million sufferers in the UK.

Currently, less than six in 1,000 are treated. The reasons for this are not hard to find. Impotence has always been the subject of sniggers and jokes. Loss of potency means loss of manhood. From time immemorial, put crudely, manhood has been equated with being able to "get it up, get it in and come". Not to be able to do such a basic fundamental act is utterly humiliating. To have to admit it to anyone is for many so embarrassing and humiliating that it is better to suffer in silence. When asked, many admit that they have taken avoiding action, but this can lead to deteriorating relationships. Some young men are in such despair that they are suicidal.

Management

Since intracavernosal papaverine was shown in 1982 to cause an erection, huge sums have been spent on research for the perfect treatment. Hence the arrival in 1994 of the first licensed treatment, using intracavernasal prostaglandin E, alprostadil (Caverject, Viridal), gave great hope. Then, early this year, Astra launched MUSE (medicated urethral system for erection), which consisted of an intracavernosal pellet containing alprostadil. It was devised by a doctor who had had a prostatectomy and disliked sticking needles in himself. MUSE is an attractive alternative for those who have needle phobia, and works in two-thirds of those who try it.

With the enormous publicity which followed these launches, many sufferers realised that they were not alone and that something could be done about it. My NHS hospital ED clinic, started at the end of 1995, has quadrupled the number of sessions and has had a six-fold increase in patients seen.

It was clear that urology departments were not going to be able to cope with the increasing demand. Many urologists feel ED is a medical problem which needs more time than they have available and GPs, with their broad medical experience and great knowledge of their patients' medical, family and social history, cope with far more complicated health issues and should be able to deal with this. The obstacle has been that until recently there has been no teaching on sexual matters in medical schools, and even 15 years ago trainee GPs felt so deficient in their knowledge that they were asking to be taught these subjects.

The EDICT (Erectile Dysfunction Issues and Consensus for Treatment) task force was set up at the end of last year with the aid of an educational grant from Astra, to set out some guidelines to help GPs manage the problem themselves. The guidelines give a step-by-step pathway on how to manage ED in the surgery. The task force consisted of two GPs, Dr Douglas Savage from Doncaster and myself, both with an interest in sexual medicine and running our own clinics, together with a psychopharmacologist, urologists and a multidisciplinary group of colleagues from all disciplines dealing with psychosexual disorders.

A question of preference

No doubt Viagra will become the drug of first choice for many patients, but it is not a wonder drug nor is it an aphrodisiac. There will be Viagra failures, so the other treatments will still have their place.

The pump will continue to have its devotees and intracavernosal injections of alprostadil will continue to be used diagnostically and by many who like its certainty of producing an erection.

Sixty per cent of those who don't like needles will be successful with MUSE, which is easy to use and has no serious side effects.

The advantage of sildenafil is that it is easy to use, discreet and pain free. It is a facilitator and only helps (doesn't produce) an erection, and it has to be taken an hour before use or up to two hours after a meal. Ten per cent will get a hot flush or a headache.

It is completely contra-indicated for those who are on nitrates who may have a profound fall in blood pressure leading to cardiac failure and it only seems to work in 50 per cent of diabetics and about 50 per cent overall.

There are going to be many disappointed people. Nevertheless, it is an excellent newcomer and will make a great difference to a large number of couples' sex lives. The caveats are that the trials were done on men who had to be fit, whereas patients regardless of health will want to try Viagra, and we have no data of the possible effects on that sort of population. There is a possibility of abuse – people may become dependent on it.

Generally, it is important that GPs should know more about these drugs and the EDICT guidelines are detailed and helpful. Pharmacies can also obtain a copy from EDICT (tel: 0171 229 9922). All other queries should be referred to the patient's doctor, as it may indicate underlying disease such as diabetes or hypertension. Another form of injection and a new oral treatment are due out in the next year.

References are available on request.

Treading the new health service path

The changes going ahead in the NHS and within pharmacy were explored by speakers at the National Association of Co-operative Executive Pharmacists' 49th annual conference held by Lake Windermere last weekend

NPA head of practice Colette McCreedy

It is a 'nonsense' that pharmacists have to guess what is wrong with a patient when counter prescribing. For that reason Colette McCreedy has welcomed the latest government information technology strategy which indicates pharmacies will be linked into the NHSnet by 2002.

The National Pharmaceutical Association has joined with other pharmacy bodies in making strong representation to the Government for pharmacy inclusion, said Mrs McCreedy, head of practice at the NPA. The latest government strategy is a positive step for pharmacy, she said, as the Government recognises that we should be linked. "It gives us formal recognition that we are part of the primary care team." However, she stressed that pharmacy has to be funded for that connection to the NHSnet.

Pharmacists may also become involved in the Government's telephone triage service, NHS Direct. The NPA is meeting with the NHS Executive with the intention of involving a pharmacist in a second wave pilot site for NHS Direct.

Community pharmacists should also have an input into the referral protocols, she said. As NHS Direct aims to reduce workload on accident and emergency units at hospitals by referring patients to their GP, the scheme could help relieve pressure on GPs, by diverting appropriate cases to the pharmacy. Pharmacists should also be involved in the training of NHS Direct staff to give them a better idea of how community pharmacies may help.

Mrs McCreedy also urged the Government to make better use of community pharmacies as healthy living sites in the community. It makes sense for the Government to use the 12,000 sites which already exist in the community, ie pharmacies, rather than use funding to create new ones, she argued. Similarly, pharmacy should be involved more in health promotion.

None of the proposed new services for pharmacists are radically different from what many pharmacists are doing already, "but we must be more involved with the patient and make greater use of our cognitive skills", she said. However, with the many services that are provided by pharmacists, there is still an expectation that pharmacists spend most of their time in the pharmacy. "The position of the community pharmacist in the community has to be our unique selling point," she said. "We have to continue to provide pharmaceutical services from the pharmacy."

Health secretary Frank Dobson's round table talks and proposed pharmacy strategy are an opportunity to shout about community pharmacy. But the key to pharmacy's success may be a hard concept for pharmacists to grasp, she added, and that is for pharmacists to work together to co-ordinate their presentation to the primary care groups. "I don't believe the community pharmacist will make great progress in isolation. We have to find a way to work together."

Crown prescribing review sent to Department of Health for consideration

The Crown Review into prescribing has been sent to the Department of Health for consideration. Although it is likely the number of people who may prescribe will increase, the extent of pharmacist prescribing is not clear, although two possible models may emerge if accepted.

The first could be that of the independent prescriber, whereby the pharmacist takes responsibility for a patient's medicines and may initiate treatment. The second, that of the dependent prescriber, would rely on the pharmacist continuing treatment initiated elsewhere. In both cases, there would also be a care co-ordinator, most likely the patient's GP, who would oversee and have final responsibility for a patient's treatment.

Professor Clare Mackie of Robert Gordon's University, a member of the Crown Review team, suggested that pharmacists 'prescribing' OTC medicines by proxy may have held the profession back in terms of proper prescribing. When a patient's representative comes into a pharmacy for advice, the pharmacist will assess a patient who is not present. How many doctors or nurses would do that? she asked.

In recent years, the wider availability of more potent medicines off prescription has increased the amount of 'prescribing' done by pharmacists. This influenced the Crown team's thoughts on what additional Prescription Only Medicines should be available to pharmacists. However, certain antibiotics and emergency contraception may be made available to pharmacists.

Prof Mackie commented that although the moves of medicines from POM to P is called deregulation, she thought 'reclassification' was a better term, as there are an increasing number of restrictions put on a new P medicines for sale OTC. Pharmacist prescribing will also require stringent protocols, but a model for this already exists in the emergency prescribing procedures, she added.

Medicine distribution must remain a core pharmacy role

Despite all the talk of pharmacists taking on new roles, the profession must not abandon its core role of medicine distribution.

Pharmacists distribute medicines very efficiently for the NHS, said Royal Pharmaceutical Society vice-president David Allen. "What we must now achieve is the further enhanced services of medicines management to enable us to provide a value for money - but not necessarily cheap - service to patients and government alike."

Mr Allen is concerned that some pharmacists are advocating the use of peripatetic pharmacists who move from one patient to another within a certain area to manage the patients' medicines. "This seems to be similar to the ice cream van looking for opportunities and weather to create sales." Instead, he stressed: "All services from pharmacists must stem from a community pharmacy base, using the knowledge of their own community area." One possibility is a group of pharmacies coming together and employing a pharmacist to manage patients' medicines. This could mean independents and pharmacy multiples coming together, but pharmacists will have to overcome their distrust of each other.

Further change will come if PCGs contract out repeat dispensing. Pharmacists could then take the lead in improving compliance of medicine regimes. "We are the experts in medicine use and we should be looking at ways of improving the management of medicines in the community instead of 'complaining' about the wastage of medicines," he said.

Royal Pharmaceutical Society vice-president David Allen

CPD will need practice element

Pharmacists could be required to have accreditation if they are to operate a medicines management system.

Pharmaceutical Services Negotiating Committee general secretary Stephen Axon proposed this in terms of medicines management becoming a part of pharmacists' core role. Clarifying that medicines management is not the same as the management of illness, Mr Axon stressed that among the training requirement of pharmacists there should be appropriate continuing professional development.

"As a pharmacist, my CPD, undertaken for my job, has had very little to do with medicines. Nevertheless, I could hang my certificate on the wall and take sole charge of a pharmacy tomorrow. I do not think I should be allowed to do that," he said. "Solicitors have practising certificates - perhaps the time is coming when pharmacy needs to look to that type of approach as we are moving to a more cognitive role."

Although warning that pharmacists should not believe they have the "divine" right to control medicines management, he said there are others who consider they are qualified for doing so. "There are other professions who say they are equally qualified as pharmacists, but this is something we would dispute, as pharmacists spend the majority of their time learning about medicines," he said. "There are also those who say pharmacists cannot do this as they lack the knowledge or are not up to date. I disagree with that. There are many pharmacists who are capable of doing it now and as we move to the future, unless pharmacists are capable of managing medicines, then there is very little hope for the profession."

Another area that will impinge on professional practice will be patient pack dispensing. By January 1, 1999, all medicines will have to have special labels and patient information leaflets to comply with the EC Directive.

Some may argue that PPD will shorten dispensing time, but Mr Axon suggested it will mean pharmacists spending more time trying to reassure patients by discussing what the patient has read in the leaflet both when dispensing and when the patient has returned to the pharmacy with a query.

The requirements come into force on January 1. However, Mr Axon believes that, providing all the parties do their best to get the system working, there should not be any immediate problems with heavy handed enforcement.

Unresolved issues delaying remuneration

There are three main unresolved issues over the remuneration settlement, PSNC financial executive Godfrey Horridge told delegates.

The first is the estimated overpayment of £2.9 million in 1997-98. The second is that the two offers made so far by the Department of Health have been "totally unacceptable". And thirdly, there has been a hold up as negotiations now include discussing payment for point of dispensing (PoD) checks, that is, for pharmacists or pharmacy staff to check patients' entitlement to exemption from prescription charges.

PSNC has asked for the overpayment from last year to be written off, as happened for dentists and GPs. The overpayment was due to a sudden increase in prescription numbers in February and March which increased the prescription volume for 1997-98 by 3.7 per cent, compared to the forecast 2.8 per cent.

For this year, the forecast increase in prescription volume is 3.5 per cent, but by June, the increase was only 1.7 per cent, and latest estimates put it now at just under 2 per cent. This would mean there will have to be an increase of 5 per cent in the next six months for the forecast to be reached.

With a forecast drugs bill of £4.71 billion or about £8.99 per prescription (up 5.5 per cent from last year), PSNC calculates there needs to be an increase in the Global Sum of 3.74 per cent in order to avoid reducing fees. However, the maximum increase that has been given to other health groups (other than GPs) is only 3.47 per cent, disguised in the two phase increases of 2 per cent from April 1 and another 1.8 per cent on December 1. If fees stay the same, though, said Mr Horridge, then pharmacy contractors may only see a 2.91 per cent increase in payments. "If there's no cash for point of dispensing checks, we could be left with a problem," he said.

In discussion (l-r) outgoing president Derek Drury, PSNC general secretary Stephen Axon, PSNC financial executive Godfrey Horridge and National Co-operative Chemists superintendent pharmacist Roy Carrington

Although PSNC held seven meetings with the NHS Executive in the first part of this year on PoD checks, PSNC is now awaiting clarification of how pharmacists will be paid. Mr Horridge hopes it will be slightly more than the Scottish agreement of an initial payment of £175 plus 1.5p per prescription (*C&D* Oct 3, p5). The fee of £175 should only cover training and not any materials, he thought.

However, there may also be a delay in the introduction of PoD checks because detailed instructions for contractors has still to be finalised. Pharmacists are also advised that checking should be non-confrontational, "We recognise it must not affect the relationship you have with your patients", so there is the opportunity to tick the 'no evidence seen' box.

There will also be two types of voluntary reward scheme if fraud is detected. A basic reward will be paid for stopping an illegal prescription being dispensed, so that contractors are not out of pocket. The second is a share of the savings made by identifying a practice which is part of a greater fraud scheme.

Turning to discount, it was estimated nine months ago that at March 31, 1998, the liability of pharmacy contractors to the DoH would be £14m subject to three outstanding reports. This was based on a liability of 9.31 per cent for 1997-98 but with a forecast recovery of 9.01 per cent. There was a shortfall of 0.3 per cent equivalent to £12m, plus £2m was owed from 1996-97. From April 1, the scale has been set for a clawback of 9.31 per cent with an extra 0.33 per cent to recover the £14m.

PPA chief executive Alan Hilton supports the move to get rid of paper prescriptions and use electronic systems instead

Actual recovery in 1997-98 has been 9.03 percent, not 9.01 per cent, reducing the liability slightly to £13.2m. A report on ranitidine pricing has now been agreed, but the report into reverse generic substitution is only partially resolved: the DoH has agreed there will be no liability for brand dispensing against generic prescriptions for 1997-98, but it has referred this year to the inquiry unit. A third report which will affect discount liability has been delayed and may not be agreed until early next year.

Similarly for the 1998-99 discount liability inquiry, PSNC has agreed on the April 1998 report, the but NHS Executive has not. PSNC is awaiting further discussion with the minister.

Outgoing NACEP president Derek Drury (left) has been succeeded by Peter Troughton (right). Mr Drury opened the conference by raising the manpower shortage question. He hoped there would be recognition of the problem, now that locum rates of about £16 an hour were common

SERIOUS PROBLEM

serious treatment

Buspirone

ng & 10mg Tablets (100's)

Buspirone Hydrochloride

he Only UK Generic!"

Bartholomew Rhodes

PRESCRIBING INFORMATION

tation: Buspirone 5mg tablets. Buspirone 10mg tablets. **Use:** Short term treatment of anxiety disorders (anxiety and phobic neuroses) and symptomatic relief of anxiety with or accompanying depression. **Dosage and administration:** *Adults*: The initial dose is 10-15mg daily in 2-3 divided doses. The initial dose may be increased by 5mg at intervals of ys. The maximum daily dose should not exceed 45mg. There does not appear to be a need for dose reduction in the elderly. Safety and efficacy in persons aged under 18 years t been established. **Contra-indications:** Subjects hypersensitive to buspirone or any ingredients of the tablets. Buspirone should not be used in patients with epilepsy or a histo- eizures. **Warnings:** Even though buspirone does not substantially increase alcohol induced impairment of motor and mental function; concomitant use should be avoided. When ng from benzodiazepines or other sedative/hypnotics, withdrawal should be gradual to avoid unpleasant withdrawal symptoms. Patients who are receiving monoamine oxidase rs are at risk of elevated blood pressure. Buspirone should be used with caution in subjects with impaired renal or hepatic function. There is no antipsychotic effect at usual tic doses; thus appropriate anti-psychotic medication should be used when clinically indicated. Buspirone is less sedative than conventional anxiolytics, but the effects are subject siderable inter-individual variation, and subjects should be warned about possible impairment of motor impairment or impaired physical co-ordination. **Pregnancy and lactation:** uate evidence of safety in human pregnancy. No data concerning transfer of buspirone to breast milk. Use only if expected benefits to mother outweighs risks to foetus or neonate. **s on ability to drive and use machines:** Buspirone is likely to produce mild to moderate impairment of ability to drive and operate machines. **Adverse effects:** Buspirone is lly well tolerated. **Events observed in >1% of subjects** are as follows, (though a casual relationship has not been established in many instances). CNS. Dizziness, drowsiness, che, fatigue, nervousness, insomnia and light-headedness, excitement, impaired concentration, confusion, nightmares and/or vivid dreams, anger/hostility, impaired co-ordination, ess parasthesiae, weakness and tremor. GI. Nausea, dry mouth, abdominal/gastric distress, diarrhoea, constipation and vomiting CVS. Tachycardia and/or palpitation, ecific chest pain. Other. Blurred vision, tinnitus, sore throat and nasal congestion. **Less frequent events include:** CNS. Dream disturbance, dysphoria, depersonalisation, noise ance, euphoria, fearfulness, loss of interest, dissociative reaction, hallucinations, suicidal thoughts, akathisia and seizures. GI. Flatulence, anorexia, increased appetite, salivation, e colon and rectal bleeding. CVS. Syncope, hypertension, hypotension. Skin. Rash, oedema, pruritus, flushing, easy bruisability, hair loss, dry skin facial oedema and blisters. Other. sed or decreased libido, redness and itching of the eyes, conjunctivitis, menstrual irregularities and altered perception of taste or smell. **Rare events include:** CNS. Claustrophobic s, cold intolerence, stupor, slurred speech, psychosis, depression, increased appetite (chronic therapy), hypertonia, dystonia, tremor, involuntary movements, slowed reaction time gid/stiff muscles. GI. Burning of the tongue. CVS. CVA, CHF, myocardial infarction, cardiomyopathy and bradycardia (no causality has been established). Skin. Acne and thinning s. Other. Inner ear abnormality, eye pain, photophobia, pressure on the eyes, galactorrhoea, thyroid abnormalities, delayed ejaculation and impotence. **Overdose:** Overdose may ected to produce effects that are extensions of buspirone's pharmacological activity, e.g. nausea, vomiting, dizziness, drowsiness, miosis and gastric distension. Death by deliber- erdose has not been observed. **Legal category:** POM. **M.A.A. Numbers.** Buspirone 5mg tablets 16900/0011. Buspirone 10mg tablets 16900/0012. **M.A.A. Holder:** Dallas Burston care Ltd., Brixworth, Northampton NN6 9DQ. **Distributor:** Bartholomew Rhodes Ltd., Brixworth, Northampton NN6 9DQ. **Package Quantity and Basic NHS Price:** Buspirone 5mg blets: £31.20. Buspirone 10mg 100 tablets: £46.80.

rther information please contact: Bartholomew Rhodes Ltd., Brixworth, Northampton NN6 9DQ.
1604) 882626 • Fax: (01604) 881640

Date of Preparation: September 199

Wishful thinking ...?

So what happened at the round table meeting with Health Secretary Frank Dobson? This is how one senior pharmacy manager imagines it went ...

The Health Secretary sits back in his chair. He's smaller than he looks on television. His eyes twinkle out of a round face, framed with a bushy grey beard. A jolly man: if the newspapers are to be believed, a man with a wicked sense of humour.

The four pharmacists wait for Frank Dobson to speak. They are well prepared, with pharmacy's future mapped out in the manila folders in front of them. But will it be a future the Health Secretary wants to share?

A retinue of civil servants wait, too. Nervous, not quite sure what their boss is going to say next. Is he going to use the careful briefing they have prepared for him, which they spent time talking through the day before? Or is he going to surprise them?

Civil servants don't like surprises.

A doctor, a nurse and an agony aunt also wait. Not quite sure what they are there for. Ready to help. Ready to do battle if necessary.

"Everybody likes chemists shops," says Frank. "They're a fixture in the community, dispensing pills and potions to everyone, with a friendly word. You do a great job."

The pharmacists look pleased.

"However, I can see that this is not enough, either for you or for us in government. We put a lot of time and money into training pharmacists, and what do we get for it? I'll tell you. We're not really sure. You supply billions of pounds worth of medicines to NHS patients, and yet do we know what happens to them?

"I've said it before, and I'll say it again. Health professionals have to do what works. I'm going to find out what pharmacists can do to help people, and that's what they are going to do in the future.

"Now then, Mr Patel, Mr Dove, Mr Clapinski and Mr Joyce. I'm not interested in fancy speeches. But I'll tell you this, I've been doing a little reading up on you lot.

"Pharmacists know a lot about medicines. I know that, the public knows that. We're going to make sure patients get all the information they need to use their medicines properly. We're going to pay pharmacists to tell people about their medicines when they supply them.

"I am going to be instructing my officials to draw up plans for a large scale project to determine how influential pharmacists can be with different patient groups, before setting in place the framework for this to occur whenever the evidence suggests it should."

The civil servants start shuffling uncomfortably in their seats. They now look very nervous.

"I've been reading how useful these pilot schemes into repeat dispensing have been," continues Mr Dobson. "It makes perfect sense to me that if patients are going to be taking medicines long term, we give them sensible amounts at a time, and we get pharmacists to keep an eye on them.

"I shall be informing doctors that we will be working towards implementing a repeat dispensing system in England as soon as possible. Any legislative changes will appear in the Queen's speech."

The Health Secretary pauses, and looks around his audience. "Does anybody have a problem with that?"

The doctor opens his mouth. But, as he catches the Health Secretary's eye, he shuts it again, the words "clinical freedom" frozen on his lips.

The civil servant with the hot line to Number Ten leaves the room to check if his boss is 'on-message' or has taken leave of his senses.

"Thirdly," continues Mr Dobson, "I have been impressed by the commitment of pharmacists to working with our changes to the way the NHS is managed. As experts in drugs, pharmacists' skills will be needed by PCGs and, as small businessmen who have survived 18 years of Tory rule, many of you must have skills that will be an asset to the Board. We will be instructing health authorities to ensure PCGs involve pharmacists at the highest levels."

The pharmacy representatives look at one another. The meeting is going better than expected.

Almost without pausing for breath, Frank Dobson carries on mapping out pharmacy's future. "One more thing. We are going to be creating an information network to run the Health Service. Patients will be able to make appointments in the same way that they book their holidays. Doctors are going to be able to talk to one another via video link; test results will arrive faster, and patients will get better care.

"All this will centre on an electronic patient record. I'm a simple man, but I can see that if pharmacists are to do their jobs properly, they need to be connected up and have access to key parts of those records. The new NHS IT strategy will explain in some detail how we intend to get pharmacists switched on."

The nurse is quiet. The agony aunt, for once, is lost for words.

"Well, I've got to get on. I need to decide what to stop doctors prescribing next. Still, you understand all that, don't you?" says Frank, addressing the pharmacists, whose manila folders continue to sit, untouched, in front of them.

And with that, the man with the bushy beard stands up, and puts on his large red cloak. He picks up a large sack and walks towards the fireplace.

"Mr Dobson is ready for you," says a voice that appears to be coming from some way down a long tunnel.

In the Richmond House waiting room, the four pharmacists wake up, pick up manila folders containing a blueprint for the future of their profession, and follow the civil servant to their top floor destiny with the Secretary of State for Health. A jolly man: if the newspapers are to be believed, a man with a wicked sense of humour.

Glasgow methadone supervision nearing saturation warning

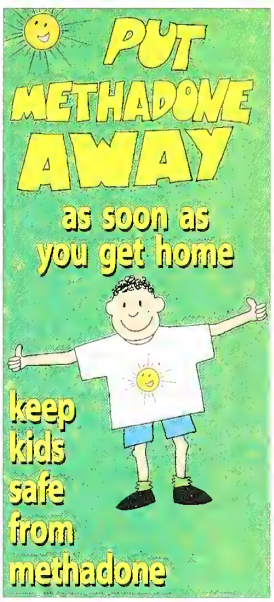
The treatment of drug misusers by methadone maintenance therapy is almost reaching saturation point in Glasgow pharmacies.

With some pharmacies supervising as many as 65 patients a day, the area pharmacy specialist for drug abuse, Kay Roberts, says that the communities around some pharmacies are also reaching "saturation point", with drug misusers congregating outside pharmacies.

However, since the supervised methadone scheme has been carried out in Glasgow, the number of deaths due to drugs, especially methadone, has decreased and there has been a reduction of about 70 per cent in the amount of 'acquisitive' crime.

The benefits of pharmacists supervising methadone consumption on the pharmacy premises also means the patients are seeing a health professional on a daily basis and there is reduced leakage of methadone onto the black market.

Ms Kay told delegates at the NACEP annual conference (see p19-20) last Sunday that even when closely supervised, methadone patients may use tricks to smuggle methadone out of the pharmacy to sell on. When taking methadone it is good practice to encourage patients to drink a glass of water afterwards to reduce corrosion of the teeth. Some patients would prefer to use a can of soft drink so they can spit the methadone into it to take away with them.



Kay Roberts

● Greater Glasgow Health Board has issued two methadone harm reduction leaflets this month. The first promotes better oral hygiene for methadone patients, pointing out the corrosive and cariogenic properties of methadone syrup. The second aims to reduce accidental poisoning of children by promoting the safe storage of all medicines, especially methadone.

MP pursues drug prices

A Liverpool Labour MP, Louise Ellman, has asked health ministers to investigate "loopholes" in NHS drugs pricing.

Mrs Ellman, who has been campaigning for the Pharmaceutical Price Regulation Scheme to be tightened up, has produced evidence of price increases of up to 500 per cent.

She also objects to companies "selling on" branded drugs to new companies which then fall outside price controls.

She is tabling Parliamentary questions and approaching the health secretary directly.

She quotes an increase in price for thyroxine tablets of over 500 per cent and erythromycin of over 300 per cent.

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Seton Healthcare Group plc

The united states of pharmacy

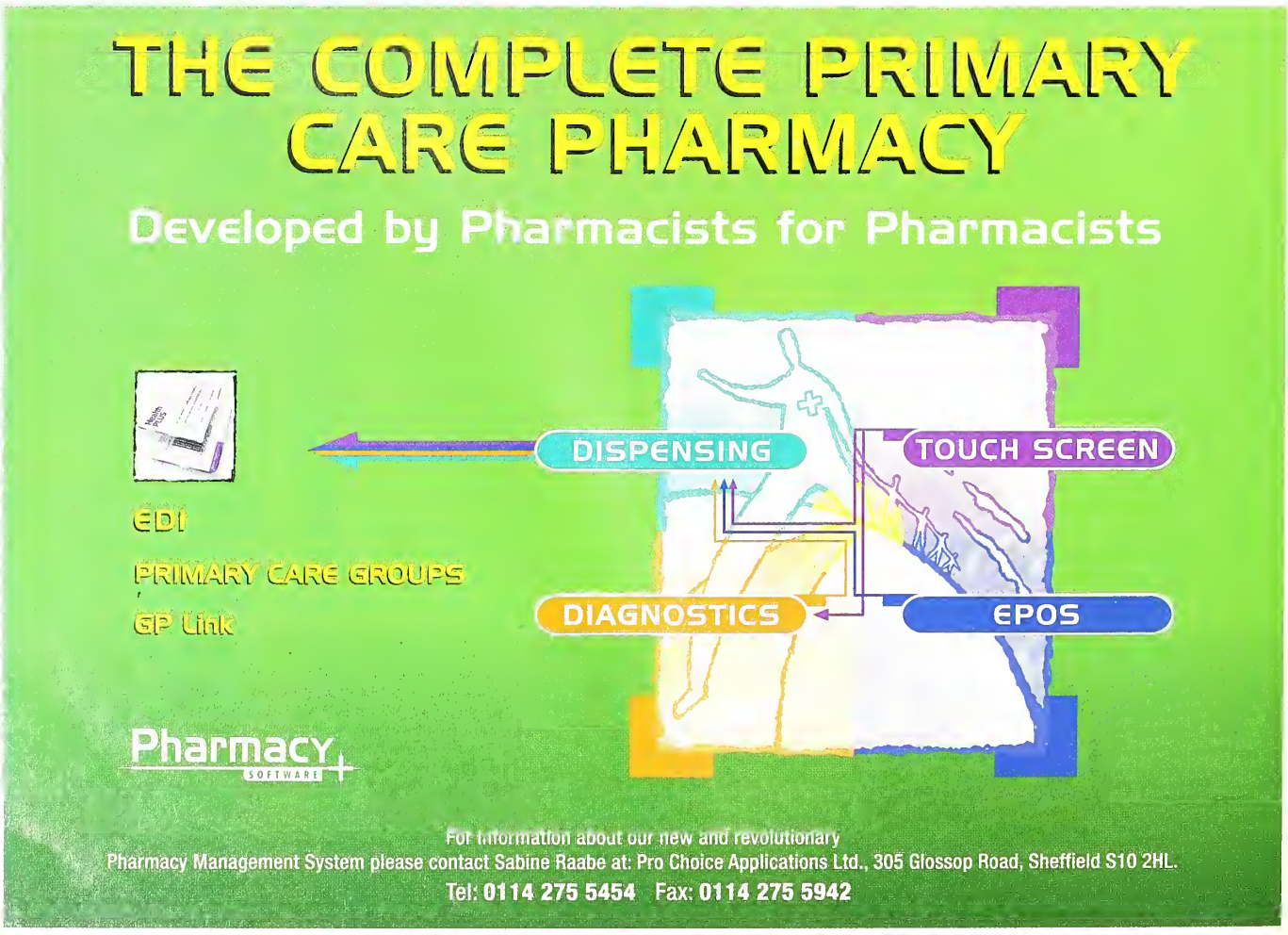
Pharmacy needs a common agenda and a united voice if it is to make an impact. But first, the different disciplines of the profession need to become more tolerant and understanding of each other, delegates were told at the Institute of Pharmacy Management International's autumn conference

The united faces of pharmacy (l-r): Ann Lewis (RPSGB), John Jolley (Industrial Pharmacists' Group), John D'Arcy (NPA), Stephen Axon (PSNC) and Ian Simpson (Guild Of Healthcare Pharmacists)

Pharmacists from all backgrounds and disciplines need to work together and strive for a common agenda if they are to be taken seriously by government and other healthcare professionals.

Professor Ian Jones, president of the Institute of Pharmacy Management International (IPMI), told delegates that disunity prevented change and that a united voice was essential to being heard and putting pharmacy issues in context. "Pharmacy is important to pharmacists and proprietors. Pharmacy is not an important issue to government and is not seen as a priority."

National Pharmaceutical Association director John D'Arcy agreed that the Government wanted to hear a single, united view and added that pharmacy bodies and associations also



needed to work together closely. "There are differences of approach and emphasis but we need to remember pharmacy is the agenda. We need to compromise and concentrate on key strengths."

To do this, however, pharmacists and the various bodies representing them would first need to become more tolerant of each other's roles and more aware of each other's contribution to the profession and patient care. Teaching pharmacists about relationship management and about forging partnerships could help achieve this.

Stephen Axon, general secretary of PSNC, said tolerance was particularly lacking in pharmacy, but could be resolved through improvements in the management of the profession. Conflicts between organisations such as the Royal Pharmaceutical Society, the NPA and PSNC could be resolved and did not need to lead to acrimony. Recognition of specialities and expertise was also a step in the right direction, he said.

John Jolley, chairman of the Industrial Pharmacists' Group, and Ian Simpson, professional secretary of the Guild of Healthcare Pharmacists, wanted the Royal Pharmaceutical Society to look at pharmacy as a whole and not as sub-parts. Mr Jolley felt that industrial pharmacists were often overlooked and referred to the PLANA initiative as an example where the mission statement applied to all disciplines, but where objectives were very specific to community pharmacists. Proportional representation on councils where all sectors are represented was suggested as a way of overcoming this.

Mr Jolley also believed industrial pharmacists had an increasingly important role to play in the community. Opportunities for close collaboration with community pharmacy included skill exchange, patient packs and exchange of patient information. "The more we can promote meetings where we talk or communicate together, the better we'll end up and the richer the the profession will be."

Ann Lewis, designate secretary and registrar of the Royal Pharmaceutical Society, said that closer collaboration was particularly important at local level. Primary care groups will be changing the future of healthcare and local pharmacy organisations, such as the guilds and local pharmaceutical committees, will need to build partnerships to contribute to these groups, explained Miss Lewis. "It is important not to argue on who is in charge but to work together."

Internet supply concerns

One concern raised at the conference was the issue of drug supply through the internet and the implications to healthcare and pharmacy.

John D'Arcy of the NPA said the internet was overriding all the protective legislation that had been put in place to protect the public's health. He cited the example of Viagra (sildenafil), which was being supplied by the US over the internet before its UK launch, and explained that the public were now aware that prescription drugs can be obtained from abroad through the internet. They were also aware that they could obtain drugs which had been denied to them by their GP through this route.

Mr D'Arcy wanted to see a public awareness campaign in place warning the public about obtaining drugs through the net and highlighting the fact that medicines were not normal items of commerce, and needed to be controlled. "People need to be made aware that all is not what it seems."

Paul Melhuish, business manager at AC Neilsen

GSL opportunity

P to GSL switches will not only benefit grocery but will also help to drive the healthcare market in pharmacy, said A C Neilsen business manager Paul Melhuish.

The demand for GSL has been reflected through the growth of the category in grocery. However, the success of GSL need not be confined to grocery as GSL products supplied through this sector tended to be of low value, owing their success mainly to wide distribution. The choice of GSL products was also limited in grocery as it normally involved only one brand leading the way.

Pharmacists, on the other hand, had many opportunities open to them. Mr Melhuish suggested:

- improving stock management through EPoS, for example
- further rationalising poorly performing products
- managing inventory
- supporting and developing POM to P and P to GSL switches
- offering consumers a real point of difference
- communicating benefits of medicines clearly, concisely and consistently
- developing interaction with consumers.

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Seton Scholl Healthcare plc

Here today, spray for tomorrow

With the humble aerosol celebrating its 50th birthday next year, the British Aerosol Manufacturers' Association charts the progress of this popular packaging format

The aerosol, created in 1949, is celebrating its 50th anniversary next year. Developed initially as an easy-to-use insecticide dispenser for the US military, manufacturers quickly saw that its user-friendly properties could be put to far greater use in the consumer markets.

There are now some 200 different categories of aerosol covering over 2,000 brands. Today, consumers buy on average 14 aerosols per year (that's around 36 per British household) for uses as diverse as household cleaning, gardening, food and healthcare. But nowhere is the aerosol more popular than in the toiletries market.

The release of the latest figures by the British Aerosol Manufacturers' Association (BAMA), support this. The number of aerosol products manufactured in the UK last year reached record levels, passing the 1.5 billion mark for the first time (a rise of 5.5 per cent over the previous year.)

In line with previous years, the toiletries sector once again registered the largest growth, accounting for 62 per cent of production.

Usage in toiletries

The antiperspirant sector grew from 130 to 154 million units, partly due to increasing demand from Europe. Traditionally, antiperspirant aerosols were only favoured in the UK. Today, 83 per cent of men and 92 per cent of women are using antiperspirant deodorants.

Not only do aerosols remain the most popular method of application, accounting for 69 per cent of the market share, but they are likely to continue to dominate the market.

Hairspray production in the UK also showed a sharp rise from 190 million to 251 million units, a 32 per cent growth. The increasing sophistication and proliferation of haircare advertising campaigns has given a boost to what was a declining market.

Shaving lather and gel products showed a modest growth compared to the previous years, growing only 0.5 million units.

Growth has not been consistent throughout the toiletries sector. Deodorants and body sprays fell for the first time in many years, falling from 330 million units to 291 million.

The growth in previous years in this sector has been largely due to the export market, particularly to the Eastern European countries such as Russia, where body spray is seen as a cheap perfume option.

Recent introductions, including the successful launch of gels and serums, has partly contributed to the decline in production of hair mousse.

Consumers are more aware that aerosols are CFC-free and have been since 1989. But the message that aerosols are recyclable has yet to get through. This is a major industry target over the next few years. Currently 65 per cent of aerosols are made from steel tinplate, 32 per cent from aluminium and 3 per cent from glass - which are all recyclable.

However, there is a long way to go. In the UK, only 7 per cent of empty aerosols are recovered, compared with over 70 per cent in Germany.

The appeal...

So what is the appeal of the aerosol?

Unlike other consumer dispensers, the aerosol's performance - its quick drying and easy use - dovetails with today's fast moving pace of life.

They are ideal for toiletry products as they are extremely hygienic and can easily be used by more than one person. As aerosols are airtight, wandering fingers do not touch the product, making the aerosol format ideal for face creams and moisturisers.

Valve and formulation technology allows manufacturers to tailor the rate of spray, the size of the droplets, even the feel of the product on the skin to suit the nature of the product.

Retailers also appreciate aerosols. Their slim design allows for maximum product to be displayed on minimum shelving, and their bright and metallic finish provides for clean and well ordered displays.

The future

In line with today's quest for ever smaller and neater formats, the aerosol size has been significantly reduced since its introduction. Until recently, the smallest tinplate aerosol was 45mm in diameter with a volume of 100ml.

However, in 1996, Carnaud Metalbox produced an even smaller aerosol can that measures just 38mm in diameter. This tiny aerosol was made available in three sizes - 50ml, 75ml and 100ml - and proved an instant success.

Interestingly, in Europe, can sizes are generally larger than in the UK. However, this is symptomatic of a less mature market where family-sized containers are more prevalent.

Though aerosols come in many different sizes, the product's slim, cylindrical shape has basically remained the same. Slight changes, however, have been introduced to enhance the basic shape.

This includes a process that involved blowing air into the can under high pressure. The process provided manufacturers with variations to the cylindrical shape allowing for names or logos to look embossed or highlighted.

Other external design developments have included a multi-necking technique applied to the tops and bottoms of the can. Not only has this provided the consumer with a shapely new design, but it has also saved manufacturers money as the process actually uses less material.

Adjustments have also been made to the dispensing button to ensure even disbursement of the product, whether the product is a liquid, cream or a gel. Innovative designs have, for example, been introduced to streamline the button with the body of the aerosol.

With technology advancing all the time, new uses for aerosols are also emerging, as well as new product formulations. The growth in bi-compartmented cans, utilising bag-in can or bag-on valve technology has led, for example, to a huge increase in the shaving preparations market.

New applications and products are also emerging as manufacturers recognise that the aerosol is the consumers' preferred format. One of the latest products is Imperial Leather Foamburst Gel, a new shower gel formulation, which when dispensed, provides masses of creamy lather.

With such an impressive heritage, the aerosol's future looks rosy. Technological developments look set to continue to revolutionise the aerosol industry beyond the millennium.

Receivers called in by Worth

he Worth Group, trading as ternational Classic Brands, has been laced in administrative receivership.

The company will continue to trade hile receivers Fisher Curtis, who ere appointed on October 5, seek to ell the business as a going concern.

The Worth Group, launched as permers in the last century, has specialised recently in distributing permes at the upper end of the UK market. Brands it owns include Malibu sunn preparations, Cyclax cosmetics nd Morny.

The Group is based in London, with offices in France and the Netherlands. For the year to December 1997 turnover was £12 million.

Although there have been staff losses, around 20 staff remain at the company's London offices. Managing director David Reiner and marketing manager Philipa Varney are among senior staff understood to be still with the company.

"It was subject to refinancing a few years ago," comments Stephen Swaden. "Since then, differences at boardroom level have led to cash flow difficulties."

Each of the brands is a leader in its field with strong sales, he says. "We are looking to sell the business as a going concern and have already received a number of approaches." At this stage there is no intention of selling the brands off individually.

Worth follows Yardley's parent company, Old Bond Street Holdings, which went into receivership with a heavy debt burden at the end of August (*C&D* August 29, p28).

High street sales at standstill despite slight growth

etail sales volumes rose in September fter a standstill in August, according to he latest CBI distributive trades surey, but growth expectations for October are unchanged, and are the eakest for three years.

The survey shows that chemists are ay ahead of other retail sectors in eporting strong volume growth. The alance of those reporting annual rowth in sales volume was +92 (balnce is per cent reporting an increase inus per cent reporting a decrease in ales, compared to a year ago).

Generally 39 per cent of retailers eported an increase, compared to the ame time a year ago, compared to 25 er cent who said they were down, eaving a balance of +14 per cent.

Retail sales growth in September as below 1.5 per cent for the fourth uccessive month, according to figures his week from the BRC sales monitor.

Although sales were up 1.2 per ent in value on a like for like basis ompared to September 1997, tronger growth had been expected ince last year's figures were affected y the funeral of the Princess of Vales.

Laughton gets new identity

Cork International is the new corporate identity of the company formed by the amalgamation of Laughton & Sons and Laughton Rainsford in February of this year (*C&D* February 21, p24).

"As we have been expanding we have acquired a number of different companies. To avoid confusion to our customers and suppliers and to make us stronger in local markets, we felt it was right to move to a single unifying identity," says group chief executive Robin Russell.

Cork International's UK operations remain based in Birmingham and Nottingham. Ian Childs, managing director of Thomas Cork, takes on the role of managing director of Cork International in the UK and Ireland. Roy Weake, managing director of Laughton & Sons, becomes group operations director.

Cork makes and distributes products in the personal care, home, books and entertainments markets. Brands include Lady Jayne, Stratton and Manicare.

It distributes brands such as Tommee Tippee and Duracell to certain trade channels and markets the Hartz Petcare brand in the UK.

AHP and Monsanto call off proposed merger

The proposed $34 billion merger between drugs group American Home Products and Monsanto has been abandoned. The deal was "terminated by mutual consent" as it would not be "in the best interests of shareholders to proceed".

Many employees at AHP's subsidiaries in the UK - Wyeth and Whitehall Laboratories - believed the merger was a 'done deal' since the merger agreement was signed on June 1.

There is as yet little indication of why the merger foundered, although press reports talk of culture clashes and disagreements between senior executives.

This is the second merger deal AHP has failed to clinch this year. It was in talks with SmithKline Beecham before being dumped in favour of Glaxo Wellcome in January.

- SB has strongly denied rumours that chief executive Jan Leschly is planning early retirement. He is due to stand down in two years and has no intention of resigning or leaving early, the company says. However, SB's share price has been buoyed this week by merger speculation.

New faces for Gehe board as chief executive retires

Dieter Kämmerer, chief executive of European pharmaceutical wholesaler Gehe, is to retire at the end of the year. From January 1, his place will be taken by Dr Fritz Oesterle, a lawyer who has acted as adviser to Gehe AG in all major legal issues over the past 15 years.

Stefan Meister, currently the chief financial officer for Gehe's British subsidiaries, AAH and Lloyds, is to become chief financial officer for Gehe AG at the same time. He replaces Dr Karl-Gerhard Eick, who is joining the management board of Gehe's majority shareholder, Franz Haniel & Cie.

Mr Kämmerer has been a member of the Gehe management board since 1980, and oversaw the acquisitions of AAH in 1995 and Lloyds last year. He will continue as an adviser to the management board and will remain on the supervisory boards of pharmaceutical subsidiaries in Germany, France and Great Britain.

- Gehe is planning to spin off its mail order division into an independent company quoted on the stock exchange. The division, consisting of transport, warehouse and office products, will reach a turnover of DM1 billion and profit before tax of DM100 million in 1998.

The intention is to allow Gehe to focus on the healthcare sector. A final decision on whether to proceed will be made at a shareholders' meeting next June.

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Galen calls off merger talks with Ferring Pharmaceuticals

Galen, the Northern Ireland pharmaceutical company that was floated on the Stock Market last year, has broken off merger talks with Ferring Pharmaceuticals because of the downturn in the financial markets.

Galen shares were suspended at 437.5p on June 23 when the company announced it was in talks with Ferring, a much larger privately held European company.

Talks have continued since then, but this week Galen's bankers, Barings, said that, in light of current market conditions, "the transaction and associated equity offering was unlikely to be consummated in the time frame announced at the time of the suspension".

To finance the deal, a large share issue would have been necessary. This was in part because Galen's board controls 75 per cent of its equity. After a merger this would have cut freely available shares to less that 10 per cent of the total – below the minimum acceptable to the Stock Exchange.

Barings advised that to place such a large issue in the current climate would mean setting an offer price well below the 437.5p suspension price. Trading in the shares started again on Tuesday, when the price fell 100p to 337.5p, cutting the company's market value from £530m to £409m.

Galen says trading performance to date has been in line with budget. Chairman Dr Allen McClay said: "We are all disappointed to abandon this excellent strategic opportunity. Galen remains a strong, fast growing pharmaceutical products and services business."

The company intends to announce results for the year to September 30 on November 5.

ABPI tries hard to be NICE

The pharmaceutical industry's ambivalent attitude to the Government's plans for a National Institute for Clinical Effectiveness is evident in its response to the first NHS consultation paper on NICE.

The Association of the British Pharmaceutical Industry says it wants to collaborate with the new body, but stresses that NICE should be issuing guidance, not constraining the freedom of healthcare professionals.

In giving its support to the declared aims of NICE – to develop guidelines on the clinical and cost-effectiveness of new treatments – the Association says its reviews must be based on objective research, advised by the professions and must not delay patients' access to new medicines.

The ABPI says few medicines should need detailed pre-marketing evaluation because all medicines will have already proved their safety, quality and efficacy before being licensed.

"There would be no excuse or justification for delaying access to new medicines which have already proved their safety and efficacy to the licensing authorities. It would be quite wrong to make patients wait another lengthy period just so a huge bureaucratic machine can assess 'evidence' that doesn't exist," says ABPI director general Dr Trevor Jones.

The ABPI supports the idea of clinical governance, where responsibility rests at local level with doctors or nurses. "It is simply unacceptable if such a system is operated by diktat from central government," says Dr Jones.

Proposed veterinary medicine fees reduced

Proposed fee increases for veterinary medicines are being reduced in response to industry comments.

The Veterinary Medicines Directorate says the graded annual fee, based on a company's turnover, will be reduced to 0.42 per cent for a high turnover in veterinary medicinal products, and 0.63 per cent for companies with a smaller turnover.

The Standard Concerned Member State fee will now be increased by 25 per cent, instead of 46 per cent as proposed initially.

The new figures are given in the Veterinary Medicines Directorate letter VMD 4299, which was issued last week. Regulations will be introduced under Statutory Instrument SI 98/2428, which should come into effect on November 1.

Astra's perprazole looks promising

Astra has presented promising preliminary results from trials on perprazole, its next generation proton pump inhibitor and successor to Losec.

Patent protection for Losec expires from 2001, and Astra has been banking on perprazole as its next blockbuster.

Initial results from trials in over 11,000 patients show that the new compound demonstrates "significant clinical superiority over Losec" for short-term treatment of reflux oesophagitis.

This week's announcement is the first indication of perprazole's potential since Astra decided earlier this year to disengage from its distribution joint venture in the US with Merck.

AAH's blueprint for depot upgrade

AAH Pharmaceuticals has unveiled its Glasgow depot as the blueprint for a future warehouse development programme.

Improvements include streamlining the flow of goods through the warehouse, increasing access and adding computerised and automated picking for a large proportion of product lines.

Currently 70 per cent of lines are picked automatically and packed in barcoded tote boxes. These are weighed at various stages of the operation, and a computer checks the total weight against the expected weight of an accurate order.

AAH operations director Mark James says that by utilising the best of Gehe's systems, "we have developed a truly integrated system increasing the efficiency of operations by 70 per cent".

The Leeds, Ruislip and Romford sites will be adapted next with plans to upgrade the Warrington and Bristol sites next year.

Scotia gets back into focus

Scotia is on track to file its lead photosensitiser, Foscan, with the regulatory authorities in mid-1999, the company said this week.

Its interim results for the six months to June 30 show that losses for the period have been reduced to £11.1 million (£12.8m in 1997). Research efforts are now concentrated on six key projects, five in the cancer field, rather than 24 prior to a major review.

Sales for the period rose by 1 per cent to £10.2m. Pharmaceutical sales fell by 15 per cent to £3.2m, while nutritional sales rose 11 per cent to £7m. The company had a cash balance at the end of June of £53.5m after successfully raising £50m from a bond issue in March.

More aggressive marketing of the food ingredient Olibra, which promotes satiety, is underway.

COMING EVENTS

MONDAY, OCTOBER 19

Bromley Branch, RPSGB. Frognal Centre, Queen Mary's Hospital, Sidcup, 7 for 8pm. Cheese & Wine and Quiz.

TUESDAY, OCTOBER 20

Fife Branch, RPSGB. Visit to Crossgate Mines Rescue Station, 7.30pm.

Bury & District Branch, RPSGB. Fairfield General Hospital, Bury, 7.30 for 8pm. 'Role of the nurse practitioner' – Jeanette Rigby.

East Metropol Branch, RPSGB. Wanstead Library, Spratt Hall Road, Wanstead E11, 7.30 for 8pm. 'The Viagra Story' – Dr Peter Bowen-Davies, Pfizer Ltd.

WEDNESDAY, OCTOBER 21

West Herts Branch, RPSGB, joint meeting with Hertford and District Branch, RPSGB. Welwyn Garden City, 7.30 for 8pm. 'The NPA' – John D'Arcy, NPA director.

THURSDAY, OCTOBER 22

Bradford & District Branch, RPSGB. Bradford University, 7.30 for 8pm. 'Pharmacy in a new NHS' – Hemant Patel, president RPSGB.

Ayrshire Branch, RPSGB. Piersland House Hotel, Troon, 8pm. 'Making best use of pharmacists and their support staff' – Christine Glover.

Somerset Branch, RPSGB. Dinner at the Forte Posthouse, M5 J25, Taunton, 7.30 for 8pm. Cost £10. 'Does pharmacy matter?' – Bruce Rhodes.

Beds Branch, RPSGB. Conference Centre, Silsoe College, Silsoe, Beds. 'Menopause and HRT – an update' – Miss N K Tanna.

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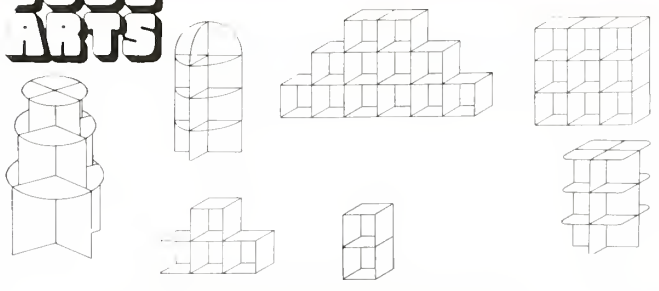

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A woman of the year

Children's TV presenter Floella Benjamin knows a good woman when she meets one.

It was she who nominated pharmacist Anna Maxwell for the 43rd Women of the Year Lunch at London's Savoy Hotel. The Duchess of Kent will be the royal guest of honour at the event, which brings together 500 leading women from all walks of life.

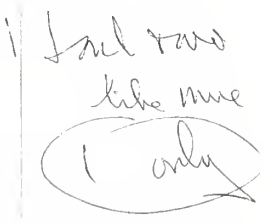
Anna, who has been known to flip through the odd copy of *Hello!*, is not unnaturally delighted to be involved in such a unique event.

Having trained at King's College, Anna began her career with Boots, where she was instrumental in developing the company's inventory of complementary medicines. She joined A Nelson & Co in 1993 as director of marketing and sales, a post where she still flourishes.

Carlisle News & Star

Staff from a Carlisle pharmacy are entitled to complain about sore feet after completing a 12 mile sponsored walk. Pharmaeist Gillian Nicholson (centre back), and assistants Anne Maughan (left) and Greta Furness, from Sawyers Chemist presented a local hospice with £281 they raised by walking between Keswiek and Caldbeck. Proceeds were given to the fund-raising manager of Eden Valley Hospice, Peter Holland (centre) to be spent on its ehildren's seetion

All in a day's work



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This little gem came to Lincoln Co-op superintendent pharmacist Peter McCree. It took four phone calls to contact the doctor. It's for chlorpromazine, the medic insisted. No, it isn't, said the Co-op. A light dawns! The patient was mad keen on cars, so to hell with the prescribing budget, the GP ordered just the thing: "One Land Rover like mine".

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Sounds like the kind of thing the Royal Pharmaceutical Society should acquire for the president's official limo. Perhaps Council members might like to chip in?

APPOINTMENTS

Power Health Products has got a new managing director. **Vicky McIver** takes the top job at the company her parents founded 26 years ago.

Sants Pharmaceutical Distributors has doubled the size of its board by appointing three senior managers as directors. **Jonathan Brocklehurst** becomes financial and operations director, **Jennifer Goldstraw** becomes administration director and **John Hine** facilities and sales director.

Mawdsleys has appointed **Joanne Crompton** as sales administrator, in charge of the day-to-day running of the commercial office.

Helen McCallum has been appointed to the new post of director of communications at the Department of Health. She is currently head of communications at the NHS Executive. Romola Christopherson, the DoH director of press and publicity, retires at the end of the year. Mrs McCallum moves in from January 1, 1999.

Allergy Therapeutics, the newly formed company which acquired the Benecard Allergy business from SmithKline Beecham in June, has appointed **Ignace Goethals** as a non-executive director. From 1995-98 he was SB's president of worldwide supply operations.

Vanguard Medica has promoted **Dr Sally Waterman** to vice-president, non-clinical development. She has worked for the company since 1995, most recently as head of project management.

Worcestershire Community healthcare trust has appointed **Professor Rhona Panton** as a non-executive director. Prof Panton was previously head of the Medicines Management department at Keele University. She will hold the post for three years.

David Hall, a former chairman of United Leeds Hospitals NHS Trust, has been appointed chairman to the NHS Supplies Authority until March 2002.

Ron Cooper, a former Trust chief executive, has been appointed a non-executive director for three and a half years.

There was a time when apprentice reporters were, rather like ehildren, seen but not heard. No longer, it seems. The first time we let our new boy, Steve Bremer, out of the offiee without a chaperone, he carried off the go-karting prize at SmithKline Beecham's Brands Hateh launch of Niquitin. He was actually seeond, having had the taet to let SB's Simon Pulsford take the chequered flag (that's his version, anyway). Sinee SB couldn't be seen to win its own event, Steve was awarded the trophy

Honeysett

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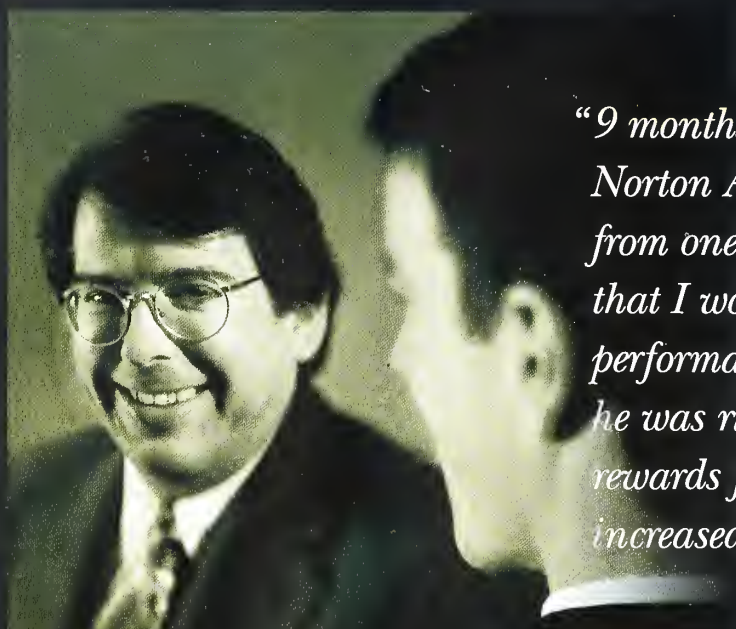
Paul Kelly, Superintendent Pharmacist, Seaton Valley Co-operative Society, Tyne & Wear comments on

the UK's **Nº1 Loyalty Scheme** *for pharmacists*



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